N93C-94

STATE REGULATION OF THE
HEALTH OCCUPATIONS AND PROFESSIONS: 1986-87

FINAL REPORT
JUNE 1987

Prepared by

The National Clearinghouse on Licensure,
Enforcement and Regulation and

The Council of State Governments
Iron Works Pike, P. O. Box 11910
Lexington, Kentucky 40578

Under

Contract #240-84-0094
Bureau of Health Professions
Health Resources and Services Administration
U.S. Department of Health and Human Services

Copyright 1987

The Council of State Governments
Iron Works Pike, P. O. Box 11910
Lexington, Kentucky 40578

Manufactured in the
United States of America

C-87
$35.00

TABLE OF CONTENTS

Page

Preface i

I. Introduction. 1

II. State Regulation of the Health Occupations and Professions: 1987 10

III. State Regulation of Dietitians. 14

IV. State Regulation of Medical Technologists 25

V. State Regulation of Opticians 36

VI. State Regulation of Optometrists. 47

VII. State Regulation of Pharmacists 69

VIII. State Regulation of Pharmacist Assistants 89

IX. State Regulation of Speech-Language Pathologists and Audiologists 93

X. State Regulation of Veterinarians 113

XI. State Regulation of Veterinary Technicians. 134

XII. The Health Occupations Under Review: An Update on State Sunrise Activity, 1985-1987. 154

By: Eugenia S. Carpenter, Gini Associates,
Ann Arbor, MI; May, 1987

XIII. Ten Years of Sunset: A Survey of States' Experiences. . . 175

By: The South Carolina State Reorganization
Commission; September, 1986

Appendices

i. State Laws Pertaining to Health Professions Regulation Enacted in 1986-87 190

ii. Organizations as Additional Resources 206

PREFACE

States regulate over forty health occupations and professions. Each state legislature determines which health occupations and professions the state will regulate, the type of credentialing to be applied, the scope of practice of the profession, and the administrative and policymaking structures which will carry out the ongoing regulatory functions.

The Council of State Governments has published a series of research reports, beginning in 1952 with Occupational Licensing in the States, designed to provide policymakers with comparative state information on state occupational and professional regulation issues. The Council of State Governments is a national organization funded and supported by all 50 state governments. Its purpose is to conduct research and provide educational assistance to all three branches of state government in the 50 states and U.S. Territories. The National Clearinghouse on Licensure, Enforcement and Regulation (CLEAR) is an affiliated organization of the Council of State Governments. It is a national organization composed of state officials and administrators involved with occupational licensing and regulation issues.

In 1984 the Council of State Governments and the National Clearinghouse on Licensure, Enforcement and Regulation (CLEAR) were awarded a three-year project by the Bureau of Health Professions, Health Resources and Services Administration, Public Health Service, U.S. Department of Health and Human Services. Under this project, the state statutes and administrative regulations pertaining to 44 health occupations and professions have been collected. Using these laws, staff have compiled tables on the nature of state credentialing, including the administrative structures of licensing offices, state credentialing requirements, interstate reciprocal agreements, and continuing education requirements for 27 health occupations and professions.

This report--State Regulation of the Health Occupations and Professions: 1986-87--produced during the project's third year, is the principal overview of state laws governing the health professions. Special thanks for their expert advice and support during the project are extended to the members of the Health Professions Licensure Information System Advisory Committee: Dr. Joseph Hamburg, MD, Professor, University of Kentucky Medical School; Helen Herring, LCSW, Partner, Herring, Reeb and Associates; Barbara Nichols, RN, MS, FAAN, Helen Denne Schulte Visiting Associate Professor, University of Wisconsin; Dr. Benjamin Shimberg, Ph.D, Senior Research Scientist, Educational Testing Service; and Sara Townsend, Majority Whip, New Hampshire House of Representatives.

During the project's first year, two reports providing an overview of state laws governing selected health professions were compiled and published. One report--State Credentialing of the Health Occupations and Professions: 1984-85--provides 50-state comparative information on the regulation of the following professions: acupuncture; chiropractic medicine; nursing: licensed practical nurse, registered nurse, nurse practitioner and nurse midwifery; occupational therapy; physical therapy; and podiatric medicine. The second report--State Credentialing of the Behavioral Science Professions: Counselors, Psychologists and Social Workers--provides an in-depth look at state regulation of the three behavioral science professions.

During the project's second year, two additional reports were published. One report--State Regulation of the Health Occupations and Professions: 1985-86--provides 50-state comparative information on the regulation of dentists, dental hygienists, dental assistants, denturists, allopathic physicians, osteopathic physicians, physician assistants, and respiratory therapists. The other report--State Sunrise Programs: Deciding When to Regulate Health Professions--provides current information on state sunrise programs and the outcome of sunrise audits recently conducted on professional groups seeking regulation.

During the project's third and final year, in addition to this report, two special studies have also been completed. One report--State Regulation of the Radiologic Technology Professions--provides information on the states that regulate radiologists, radiation therapy technicians and nuclear medicine technologists, and provides information on laws affecting dental assistants who take radiographs. The other report--The Health Occupations Under Review: An Update on State Sunrise Activity, 1985-1987--provides recent comparative information on states utilizing sunrise programs.

Chapter XII of this report is a study of current state sunrise programs. It provides a general overview of sunrise and additional detailed information on the sunrise programs in Colorado, Minnesota and Washington. These states' sunrise programs are representative of the legislative and executive branch models of sunrise used across the states. This chapter was ably researched and written by Eugenia Carpenter, President, Gini Associates, Ann Arbor, Michigan.

Chapter XIII of this report is a comprehensive account of state sunset programs. The original sunset report was compiled and written by staff of the South Carolina State Reorganization Commission, and was summarized and edited by the Commission and LIS staff for inclusion in State Regulation of the Health Occupations and Professions: 1986-87. Special thanks go to staff of the Reorganization Commission for their fine work and contribution to this report.

Thanks are also extended to the people and organizations who reviewed the report's first draft and made comments on its substance and fact. Any remaining errors or inaccuracies, however, are the full responsibility of the report's authors. The reviewers include: Michele Mathieu, The American Dietetic Association; Mark Birenbaum, International Society for Clinical Laboratory Technologists; Eleanore M. Bors, American Medical Technologists; Sydney Oliver, American Society of Medical Technologists; Nancy Roylance, Federation of State Boards of Opticians; Sally A. Bowers, American Optometric Association; Robbi-Lynn Watnik, American Society of Clinical Pathologists; Fred Mahaffey and Carmen Catizone, American Association of Boards of Pharmacy; Joan Z. Saah, American Pharmaceutical Association; Constance E. Lynch, American Speech-Hearing-Language Association; and Edward R. Ames, American Veterinary Medical Association.

The Project Director for this report is Frances Stokes Berry, the Council of State Governments' Director of the Center for Health and Regulation, and Director of CLEAR. The research associate is Ellen Hume.

Andy Arnett, Dag Ryen and Barbara Schafer have served as research assistants for the project. Pat Bancroft has been the project's secretary and meeting coordinator and has typed multiple drafts of the project's reports cheerfully and competently.

The Project Officer has been B. Jerald McClendon, Bureau of Health Professions, HRSA, U.S. Department of Health and Human Services. The Council of State Governments and CLEAR gratefully acknowledge the Health Resources and Services Administration's support under Contract #240-84-0094, without which this project could not have been undertaken.

Carl Stenberg, Executive Director
The Council of State Governments

Gary Clark, CLEAR Chairman
Executive Secretary
State Board of Registration
for the Healing Arts
Jefferson City, Missouri

CHAPTER I

INTRODUCTION

INTRODUCTION

1.1. Background

In the past decade, consumers have experienced significant changes in the availability and type of health care services offered in the United States. One widespread change is the large-scale growth of specialty or allied health professions, many of which are spinoffs of previously established health professions. Both positive and negative outcomes have resulted from these changes.

One consequence of the increasing number of specialized health care groups is felt within state legislative systems. Each year numerous occupational and professional groups approach state legislators with requests for regulation of their occupation or profession. It is often difficult for individual legislators to become thoroughly educated on the issues involved in state regulation of occupations and professions within the short timeframe of a legislative session. Consequently, legislators have adopted innovative new methods such as "sunrise" programs which require that any proposed new regulatory legislation be reviewed and evaluated by legislative staff or a committee of health experts which, after thorough study, makes recommendations to the legislature.

Sunrise is one of the latest steps in a process which began in the mid-1970s, when states began earnestly to educate themselves about the complications involved with, and the necessity of providing, state regulation of diverse health care occupations and professions. Cost to the consumer has been an important consideration. Because licensing statutes typically include educational and experience requirements, it is commonly believed that occupational regulation will increase the cost of the service. The educational and other expenses incurred by the licensee are typically passed on to the consumer in the form of higher fees. Licensure also restricts entry into the profession to those willing to pay the necessary entry costs. One result is fewer practitioners, less competition and higher prices for the service. Some geographical areas, particularly rural areas, may suffer as a result. Some rural areas are actually left without any practitioners at all to serve their citizens.

Frequently, legislative battles between professions and occupations are fought over scope-of-practice statutes. The scope of practice for established professions may unnecessarily restrict services that auxiliary or specialty occupations may provide, and thus cause auxiliaries to be underutilized. Again, rural areas may be most adversely affected.

Another source of difficulty is that licensing laws for any given occupation vary from state to state. They often include different standards for training, experience requirements, examination pass rates and the exam itself. One result of these differences is that a license in one state does not necessarily qualify practitioners to practice their occupation in another state. The interstate mobility of practitioners is further hampered by a lack of uniform reciprocity agreements between states. Consequently, the supply of professionals in some geographical areas remains unstable and inadequate.

The original purpose of professional licensing laws was to protect the public from charlatans and from the incompetent practice of the profession. The quality of licensure can be judged by how effectively these goals are met. It may well be that consumers are willing to pay higher prices for services in exchange for government-regulated services. Rarely, however, do consumers champion the need for state regulation. In some cases state regulation, specifically licensure, may be a vehicle by which occupational groups create and then protect their scopes of practice, limit professional competition and augment their professional status.

Some legislators have begun to explore alternatives to state regulation, such as professional credentialing by private certifying agencies. As previously mentioned, innovative methods for determining true need for regulation, such as sunrise programs, are also being implemented. Several projects or reports that provide information on state regulation of the occupations and professions and possible alternatives to regulation are available to state officials and others who want to be well informed on these subjects. (See Introduction and page 8 of this report).

One 1977 report, A Proposal for Credentialing Health Manpower, made several substantive recommendations to the licensing community. Among them was the recommendation that a national certification commission be established to develop, evaluate and oversee national standards for private certifying agencies in health occupations. Following this recommendation, the National Commission for Health Certifying Agencies was formed in 1977 and was given the task of developing standards of excellence in the private credentialing of health care personnel. The Commission consists of voluntary certifying agencies that issue credentials attesting to the competence of individual health professionals in a given field.

In the 1980s, the U.S. Department of Health and Human Services, through the Health Resources and Services Administration, provided several types of support for credentialing efforts in the health professions. Task analyses and role delineation studies were funded to assist in the development of national examinations. Also, a major project was funded to document and support the State of the Art in Continuing Competency Assessment for privately certified and state regulated health occupations and professions.

Recently, the Health Professions Licensure Information System was created by the Bureau of Health Professions, The Council of State Governments, and the National Clearinghouse on Licensure, Enforcement and Regulation, to collect and make available the state practice acts and administrative regulations of the health occupations and professions; to provide a yearly overview of state legislative and judicial activity concerning health professions; and to provide in-depth information on the state regulation of selected health occupations and professions.

1.2. Purpose and Methodology of Report

This report is a factual document, intended for state and federal policymakers, college and university health faculty, professional association staff, and health care practitioners. The purposes of the report are threefold:

(1) To provide an overview of health personnel credentialing laws and regulatory actions during the year 1986-87;

(2) To provide current 50-state comparative data summaries on the most frequently asked questions about how states regulate particular health professions; and,

(3) To inform policymakers that The Council of State Governments has the 50-state statutes and regulations on 44 health occupations and professions on file for ready research.

Project staff have compiled a comprehensive collection of state statutes and regulations for the following health occupations and professions:

- Acupuncturist
- Chiropractor
- Counselor
  - Alcoholism Counselor
  - Drug Counselor
  - Marriage and Family Therapists
  - Pastoral Counselor
  - Professional Counselor
  - Substance Abuse Counselor
- Dentist
- Dental Assistant
- Dental Hygienist
- Denturist
- Dietitian
- Emergency Medical Technologist
- Hearing Aid Dealer and Fitter
- Homeopath
- Licensed Practical Nurse
- Medical Technologist
- Naturopath
- Nuclear Medicine Technologist
- Nurse Midwife
- Nurse Practitioner
- Nursing Home Administrator
- Occupational Therapist
- Occupational Therapy Assistant
- Optician
- Optometrist
- Pharmacist
- Pharmacist Assistant
- Physical Therapist
- Physical Therapy Assistant
- Physician
- Physician Assistant
- Podiatrist
- Psychologist
- Radiologic Technologist
- Radiation Therapy Technologist
- Registered Nurse
- Respiratory Therapist
- Sanitarian
- Social Worker
- Speech-Language Pathologist and Audiologist
- Veterinarian
- Veterinary Technician

This study is based on an extensive review of current state statutes and regulations. Officials in all states were asked to provide copies of statutes and regulations in force for each of the professions included. Detailed information was extracted from the in-house library compiled in this manner. Material was not solicited by a direct 50-state survey.

When requests for copies of laws were not met, supplementary research was conducted at the law libraries of the University of Kentucky and the University of Iowa. In all cases, the most current statutes and regulations available were used as a basis for the material in this study.

Extensive follow-up telephone calls for clarification and information were made to state licensing officials and regulatory experts. In addition, drafts of the report were provided to national professional associations and the LIS Advisory Committee, and the comments from these reviews were incorporated extensively when justified. The cooperation of these individuals was of great value in the preparation of this report.

1.3. State Sunset and Sunrise Processes

During the 1970s, states' general interest in regulatory reform gave birth to sunset laws. First passed by Colorado in 1976, and later by 38 states, sunset's unique feature was automatic termination for boards and agencies unless the legislature took positive measures to reenact them. Without exception, state sunset laws included occupational and professional licensing boards in their review cycles.

Many people believed sunset would lead to wholesale deregulation of the professions, but this did not occur. Only a few occupations and professional licensing boards have been terminated under sunset, and in almost every case, state regulation has been reinstated within a few years. Frequently, however, boards' duties have been combined or reorganized within a state as a result of sunset.

Chapter XIII of this report contains partial results of a 1986 study by the South Carolina Reorganization Commission on sunset reviews in 28 states. The tables in this chapter outline sunset programs, their accomplishments and shortfalls.

Sunset performance reviews commonly resulted in administrative and structural reforms, yet sunset laws themselves have come under scrutiny by state legislatures as unnecessary or ineffective. Mississippi, Nebraska, New Hampshire and North Carolina have repealed their sunset laws. Other states, such as Illinois and Kansas, have essentially inactivated the sunset reviews while leaving the laws on the books. Still other states, e.g., Connecticut, have completed the initial review of occupational and professional licensing boards and will not resume another cycle of sunset reviews until the late 1980s.

Finding that sunset laws have done little, if anything, to stem the constant flow of new requests for state regulation of health occupations, legislators have turned with interest to a related program--the sunrise process. Under sunrise programs, a legislative or legislatively-enacted body reviews requests by representatives of unregulated health occupations for licensure or certification of their professions. The process can include a series of cost/benefit analyses and other questions designed to solicit information from each requesting occupational group to determine whether state regulation is needed and appropriate. (Minnesota has incorporated an extensive list of cost/benefit criteria through administrative regulations in its sunrise program.) For information on each state's sunrise program, see State Sunrise Programs: Deciding When to Regulate Health Occupations (published by The Council of State Governments/CLEAR, produced under the Health Professions Licensure Information System). A summary of this sunrise report is included as Chapter XII of this report.

1.4. Types of State Credentialing

State regulation of health occupations and professions takes three forms: licensure, certification and registration. These three types of credentialing provide different levels of restriction on entry into the occupation or profession, with **licensure** typically requiring the most education, training and experience. Licensure statutes include an explicitly defined scope of practice, and performance of the profession is illegal without first obtaining a license from the state. Through licensure laws, states usually administer an exam, issue and renew licenses, and establish enforcement procedures to discipline incompetent or fraudulent practitioners.

Certification generally refers to a credential issued by a non-government agency or association which recognizes an individual's achievements with respect to predetermined competence and standards. However, in many instances states adopt "statutory certification," which limits use of particular titles to persons meeting predetermined requirements, while persons not certified can still practice the occupation or profession. For the purpose of this report, "certification" is "statutory certification."

Registration is the least restrictive form of state regulation. It can be as simple as requiring a person to provide his name, address and training to a state agency, or registration can require individuals to first meet minimum practice standards before registering and using the title of registered practitioner. As with certification, unregistered persons are permitted to practice the profession. Typically, exams are not given and enforcement of the registration requirement is minimal.

Some professions (registered nurses, for example) use terms such as registration or certification to describe professional regulation that by our definitions of the three types of state credentialing is really licensure. Whenever this occurs and is reported in the tables for the professions under study in this report, it is footnoted and an explanation given.

1.5. Functions of Licensing Boards and Agencies

In approving or accrediting educational programs, the board may have approved a national agency to accredit an educational program. Using the example of pharmacists, the board has the power to approve educational programs and many do. However, some boards have chosen to approve programs accredited by the National Association of Boards of Pharmacy, the American Association of Colleges of Pharmacy, the U.S. Office of Education, and the American Council of Pharmacy. The board still has the power to approve programs that are not recognized by the national accrediting agency.

Enforcement Functions

Table 4 of Chapters III through XI of this report provides information on the enforcement functions of state licensing boards. Following is a list with definitions of the enforcement functions we included in the tables.

Suspend	The professional is not permitted to practice for a period of time.

Revoke	Involves the involuntary termination of the professional's license.
Restrict License	A reduction in the scope-of-practice.
Censure	Similar to a reprimand. The agency makes an official statement of displeasure concerning the individual.
Reprimand	The administrative agency reproves the professional. There may be public or private reprimands.
Probation	The professional is permitted to practice, but the agency has imposed conditions upon the practice. Once the time period has elapsed, the practitioner may resume unconditionally.
Fine	A monetary penalty imposed by the administrative agency for a violation of an administrative rule or regulation.

Reciprocity and Endorsement

Table 8 of Chapters III through XI of this report provides information on state laws concerning license endorsement and reciprocity agreements for out-of-state registrants. As used in this report, **endorsement** is a waiver of the license examination if certain conditions are met. Each state has different conditions which are delineated as footnotes on the table dealing with reciprocity and endorsement. With reciprocity agreements, the professional may practice in a state other than in the one in which he/she obtained the initial license only if the state which issued the original license allows the professionals licensed in the entering state to practice their profession within the original state. There are conditions which accompany reciprocity in many of the states.

1.6. Major Trends in Occupational Regulation

State policymakers continue to grapple with most of the same regulatory issues which were on the agenda in the early 1970s, although some issues, such as adding consumer representation to licensure boards, have had new solutions proposed and enacted. But with growing concern over burgeoning health care costs and incompetent practitioners, these issues are in the limelight again in the 1980s.

During the 1970s and 1980s, several major developments have had a significant impact on professional regulation. One continuing trend is the consumer movement that has been evolving since the early 1970s. The consumer movement has brought about a redefinition of certain issues once thought to be strictly within the purview of the profession. One outcome of the consumer movement has been the addition of public members to licensing boards in most states. The California Public Member Act requires that a majority of board members be selected from the general public, except for health and accountancy boards where one-third of the members are chosen from the public, but most states have added only one or two public members to boards.

Another change in licensing has resulted from the effort to reorganize, centralize, and ultimately streamline state governments. In the licensing area one result of this movement has been the creation of central licensing agencies. Before 1970, only 16 states had established central agencies for professional licensing; by 1985, 36 states had some type of a centralized structure.

Licensing laws increasingly include provisions that attempt to ensure professional competence, not only at the time of entry into the profession, but also throughout the practitioner's professional life. Mandatory continuing education (MCE) is the most widely used vehicle to accomplish this purpose. Recently, MCE has been criticized for several reasons, including the high cost to practitioners which ultimately is passed on to consumers, the unproven relationship between course work taken and practitioner performance, and the uneven quality of course work offered for MCE. A 1983 study of continuing education requirements by the California Department of Consumer Affairs reported that: (1) most licensing board staff found little or no benefit to the public or licensees from MCE; and (2) the total annual cost for licensees of 11 selected occupations in the department to meet the state MCE requirement (excluding lost income) was approximately $240,000,000. When reported lost income is considered, the cost jumps to an astounding $416,000,000.

A few states have considered other methods to ensure continuing individual competency, but few resources have been devoted to developing other methods. Private certifying agencies have devoted more resources and attention to the problem and possible solutions. The National Commission for Health Certifying Agencies will publish a report in 1987 on The State of the Art in Continuing Competency Assessment, which discusses a variety of methods, including self-assessment tests, periodic reexamination, chart audits, peer review, and computerized simulations which are currently being used by private certifying agencies to promote continuing competency for professionals.

Most state statutes specify that "good moral behavior" be demonstrated by applicants for licensure before a license is granted. Historically, good moral behavior is left undefined and vague in the statutes. This practice has led to several court challenges by rejected applicants and with a lack of definition the typical decision favors the plaintiff. The result is a trend toward defining the meaning of good moral behavior. New laws tend to include extended definitions and many states have changed their laws and defined what good moral behavior means. An example of good moral behavior defined by the Delaware chiropractic statute (DCA 707(a)) is: "An applicant who is applying for examination and licensure shall have the following qualifications: he/she shall not have been convicted of a felony, nor have been professionally penalized or convicted of drug addiction, convicted of unlawfully prescribing drugs, convicted of willfully violating the confidence of a patient, nor have been professionally penalized or convicted of fraud."

1.7. Further Sources of Information on Occupational Regulation

The background section above provides a brief overview of some of the issues and problems in state licensing today. For a more thorough examination of the topic, readers may consult a number of other publications.

As mentioned in the Preface, four recently published reports are available from The Council of State Governments produced under the Health Professions Licensure Information System (through a contract with the U.S. Department of Health and Human Services). Copies of these publications can be obtained by contacting The Council of State Governments.

For those who would like further information about credentialing in the health sector, the following books provide a more detailed analysis of current practices in the United States.

o Occupational Licensing: A Public Perspective, Benjamin Shimberg, Educational Testing Service, Princeton, New Jersey, 1980, 1982.

A study of the history and recent trends in occupational licensing. Shimberg discusses a number of relevant topics including recent changes in the traditional bans on advertising and competitive bidding, the impact of licensing on accessibility and cost, and potential conflicts between licensing and the public interest. He also presents extensive recommendations on practical reforms and about how the public can be more involved.

o Of Foxes and Hen Houses: Licensing and the Health Professions, Stanley J. Gross, Quorum Books, Westport, Connecticut, 1984.

As the title indicates, this work is a broad indictment of the practice of licensing. The author concludes that "licensing fails to assure its legitimate purpose of furthering competence and honesty in service." He arrives at this conclusion after a review of the history of licensing, a discussion of the arguments for and against licensing, and a discussion of current practices. He looks at the concepts of professions and peer review, analyzes some theories and models of regulatory legislation and discusses various methods of evaluating competence and quality. In closing, Gross also suggests some alternatives to professional licensing.

o A New Approach to the Economics of Health Care, edited by Mancur Olson, American Enterprise Institute for Public Policy Research, Washington, D.C., 1981.

A thorough, in-depth study of the economic impact of health care policies. Through a series of articles presented at a conference sponsored by the American Enterprise Institute for Public Policy Research, the importance of economic decisions with respect to the American health care system is detailed. The distinguished authors discuss such wide-ranging topics as rising health costs, comparative studies on health care systems in other countries, regulatory methods in the health field, and the relationship between insurance programs and health care economics. In his introductory essay, the editor discusses the likely impact of new programs such as prepaid health care on total health costs and the need for greater price competition in the U.S. health care system.

o The Rule of Experts: Occupational Licensing in America, S. David Young, Cato Institute, Washington, D.C., 1987.

The author's thesis in this publication is that licensing serves to protect those already in an occupation from competition and delivers monopoly profits to practitioners at the expense of consumers.

CHAPTER II

STATE REGULATION OF THE HEALTH OCCUPATIONS AND PROFESSIONS: 1987

STATE REGULATION OF THE HEALTH OCCUPATIONS AND PROFESSIONS: 1987

States regulate a wide range of health-related professions, from the most invasive forms of primary health care such as that provided by physicians and dentists, to more peripheral, auxiliary professions such as sanitarians and denturists. Each year, regulation increases as jurisdictions across the nation bring new professions under their regulatory umbrellas.

The most significant trend in recent years appears to be the continued diversification and specialization of licensure and certification efforts. As health care becomes more complex, and health professionals more specialized, new professional specialties are constantly being considered for regulation.

The major thrust of state regulation still encompasses the traditional primary health professions. Every jurisdiction licenses physicians, dentists, chiropractors, nurses (RNs and LPNs), optometrists, pharmacists, physical therapists, podiatrists, nursing home administrators, and veterinarians. (See Table II). In addition, every jurisdiction regulates, either through licensure or certification, dental hygienists and nurse midwives. Psychologists and emergency medical technicians are regulated in all but one jurisdiction.

State legislatures seem to be increasingly more willing to regulate technical professions, such as radiologic technicians and respiratory therapists, as well as subordinate professions such as pharmacists assistants and veterinary technicians. The list of states which regulates these auxiliary professions grows every year.

Licensure remains the most common form of regulation, even for newly-added, specialized professions. But certification and registration are more likely to be used in regulating subordinate occupations generally practiced under the supervision of a licensed primary health care professional. This is true, for instance, of dental assistants and veterinary technicians. (See Table II).

Despite the advent of sunset legislation in many jurisdictions, no health-related profession has experienced a decline in state regulation. Judging from recent activity, state regulation of health professions is likely to play an increasingly significant role in health care development across the nation.

TABLE II

STATE REGULATION OF HEALTH OCCUPATIONS AND PROFESSIONS: 1987

	Acupuncturist	Chiropractor	Counselor, Professional	Counselor, Alcoholism	Counselor, Drug	Counselor, Pastoral	Counselor, Substance Abuse	Dentist	Dental Assistant	Dental Hygienist	Denturist	Dietitian	Emergency Medical Technologist	Hearing Aid Dealer & Fitter	Homeopath
ALABAMA		L	L					L		L		R	L	L	
ALASKA	BA	L						L		L			L	R	
ARIZONA		L						L	C	L	C		L	L	L
ARKANSAS		L	L					L	C	L			L	L	
CALIFORNIA	L	L						L	L	L		R	L	L	
COLORADO		L						L		L			L		
CONNECTICUT		L						L		L			L	L	L
DELAWARE		L						L	C	L			L	L	
FLORIDA	L	L	L	C		L		L	C	L			L	L	
GEORGIA	BA	L	L					L		L		C	L	L	
HAWAII	L	L						L		L			L	L	
IDAHO		L	C					L		L	L		L	L	
ILLINOIS		L						L		L			L	L	
INDIANA		L						L	C	L			L	L	
IOWA		L						L	C	L		L	L	L	
KANSAS		L	L					L		L			L	L	
KENTUCKY		L						L	C	L			L	L	
LOUISIANA	**	L						L		L		R	L	L	
MAINE		L					R	L	C	L	L	R	L	L	
MARYLAND	R	L	L					L	C	L		*	L	L	
MASSACHUSETTS	L	L						L	C	L			L		
MICHIGAN		L						L	L	L			L	L	
MINNESOTA		L						L	C	L			L	L	
MISSISSIPPI		L	L					L	C	L		L	L	L	
MISSOURI		L	L					L		L			L	L	
MONTANA	L	L	L					L	C	L	L	R	L	L	
NEBRASKA		L	L					L		L			L	L	
NEVADA	L	L						L		L			L	L	L
NEW HAMPSHIRE		L				C		L	C	L			L	L	
NEW JERSEY	L	L						L	L	L			L	L	
NEW MEXICO	L	L						L	C	L			L	L	
NEW YORK	L	L						L		L			L	R	
N. CAROLINA		L	C					L	C	L			L	L	
N. DAKOTA		L						L		L		C	L	L	
OHIO		L	L					L		L		L	L	L	
OKLAHOMA		L	C					L	C	L		L	L	L	
OREGON	L	L						L	C	L	C		L	L	
PENNSYLVANIA	R**	L						L		L			L	L	
RHODE ISLAND	L	L						L		L			L	L	
S. CAROLINA	**	L	L					L	C	L			L	L	
S. DAKOTA		L						L		L			L	L	
TENNESSEE		L	C					L	C	L			L	L	
TEXAS		L	L					L		L		C	L	L	
UTAH	L	L						L	C	L		C	L	L	
VERMONT	R	L						L	L	L			L		
VIRGINIA	BA/R	L	L	C	C	C		L		L			L	L	
WASHINGTON	C	L						L		L			L	L	
WEST VIRGINIA	BA/R	L	L					L		L			L	L	
WISCONSIN		L						L		C			L	L	
WYOMING		L	*				C	L		L			L	L	
D.C.	L	L						L		L		L	L		
PUERTO RICO		L						L	L	L		L			

Source: HPLIS/Council of State Governments; May, 1987

Key: C=Certification / L=Licensure / R=Registration
- * Enabling legislation
- ** Practice under the supervision of licensed M.D.
- + Licensed in New York City, but not in New York
- ++ Identified in practice act, but not recognized
- BA Board approval submitted by licensed physician
- NR No current state regulation

TABLE II

STATE REGULATION OF HEALTH OCCUPATIONS AND PROFESSIONS: 1987

	Medical Technologist	Nuclear Medicine Technologist	Nurse, Licensed Practical	Nurse Midwife	Nurse Practitioner	Nurse, Registered	Nursing Home Administrator	Occupational Therapist	Occupational Therapy Assistant	Optician	Optometrist	Pharmacist	Pharmacist Assistant	Physical Therapist
ALABAMA			L	C	C	L	L				L	L		L
ALASKA			L	C	C	L	L			L	L	L		L
ARIZONA			L	C	C	L	L			L	L	L		L
ARKANSAS			L	C	C	L	L	L	L	L	L	L		L
CALIFORNIA	L	*	L	C	C	L	L	C	C	L	L	L		L
COLORADO			L	C	C	L	L				L	L		L
CONNECTICUT			L	C	C	L	L	L	L	L	L	L		L
DELAWARE		*	L	C	C	L	L	L	L		L	L		L
FLORIDA	L	L	L	C	C	L	L	L	L	L	L	L		L
GEORGIA			L	C	C	L	L	L	L	L	L	L		L
HAWAII	L		L	C		L	L	C	C	L	L	L		L
IDAHO			L	C	C	L	L	L	L		L	L		L
ILLINOIS	C	L	L	C		L	L	L	L		L	L		L
INDIANA		*	L	C	*	L	L				L	L		L
IOWA		*	L	C	C	L	L	L	L	L	L	L		L
KANSAS			L	C	C	L	L	R	R		L	L		L
KENTUCKY		*	L	C	C	L	L	L	L	L	L	L		L
LOUISIANA		L	L	C	C	L	L	L	L		L	L		L
MAINE		L	L	C	C	L	L	L	L		L	L		L
MARYLAND			L	C	C	L	L	L	L		L	L		L
MASSACHUSETTS			L	C	C	L	L	L	L	L	L	L		L
MICHIGAN	L	*	L	C	C	L	L				L	L		L
MINNESOTA		*	L	C		L	L				L	L		L
MISSISSIPPI			L	C	C	L	L				L	L		L
MISSOURI			L	C		L	L				L	L		L
MONTANA			L	C	C	L	L	L	L		L	L		L
NEBRASKA			L	C	C	L	L	L	L		L	L		L
NEVADA			L	C	C	L	L			L	L	L		L
NEW HAMPSHIRE			L	C	C	L	L	L	L		L	L		L
NEW JERSEY		L	L	C	C	L	L			L	L	L		L
NEW MEXICO		*	L	C	C	L	L	L	L		L	L		L
NEW YORK	+		L	C		L	L	L	L	L	L	L		L
N. CAROLINA			L	C	C	L	L	L	L	L	L	L		L
N. DAKOTA			L	C	C	L	L	L	L		L	L		L
OHIO			L	C		L	L	L	L	L	L	L		L
OKLAHOMA			L	C	C	L	L	L	L		L	L		L
OREGON			L	C	C	L	L	L	L		L	L		L
PENNSYLVANIA		*	L	C	C	L	L	L	L		L	L		L
RHODE ISLAND			L	C		L	L	L	L	L	L	L		L
S. CAROLINA			L	C	C	L	L	L	L	L	L	L		L
S. DAKOTA			L	C	C	L	L	L	L		L	L		L
TENNESSEE	L	*	L	C	C	L	L	L	L	L	L	L		L
TEXAS			L	C	C	L	L	L	L		L	L		L
UTAH			L	C	C	L	L	L	L		L	L		L
VERMONT		L	L	C	C	L	L			L	L	L		L
VIRGINIA			L	C	C	L	L			L	L	L		L
WASHINGTON			L	C	C	L	L	L	L	L	L	L	L	L
WEST VIRGINIA			L	C		L	L	L	L		L	L		L
WISCONSIN			L	C		L	L				L	L		L
WYOMING		L	L	C	C	L	L				L	L		L
D.C.			L	C	C	L	L	L	L		L	L		L
PUERTO RICO		L	L	C		L	L	L	L	L	L	L		L

Source: HPLIS/Council of State Governments; May, 1987

Key: C=Certification / L=Licensure / R=Registration
- * Enabling legislation
- ** Practice under the supervision of licensed M.D.
- + Licensed in New York City, but not in New York
- ++ Identified in practice act, but not recognized
- BA Board approval submitted by licensed physician
- NR No current state regulation

TABLE II

STATE REGULATION OF HEALTH OCCUPATIONS AND PROFESSIONS: 1987

	Physical Therapy Assistant	Physician	Physician Assistant	Podiatrist	Psychologist	Radiologic Technologist	Radiation Therapy Technologist	Respiratory Therapist	Sanitarian	Social Worker	Speech-Language Pathologist & Aud.	Therapist, Marriage & Family	Veterinarian	Veterinary Technician
ALABAMA	L	L	C	L	L					L	L		L	R
ALASKA	L	L	L	L	L								L	R
ARIZONA		L	C	L	C	L	L		L				L	C
ARKANSAS	C/R	L	C	L	L			R	L	L	L		L	C
CALIFORNIA	R	L	L	L	L	L	L	C	L	L	L	L	L	R
COLORADO		L	C	L	L					L/R			L	++
CONNECTICUT		L		L	L			*	L	L	L	C	L	C
DELAWARE	L	L	R	L	L	*	*			L	L		L	
FLORIDA	L	L	C	L	L	L	L	C	C	L	L	L	L	C
GEORGIA	L	L	C	L	L			C		L	L	L	L	R
HAWAII		L	C	L	L	L	L	*	L		L		L	
IDAHO	R	L	R	L	L				L	L			L	
ILLINOIS		L	C	L	C	L	L	*	C	R			L	C
INDIANA	C	L	C	L	C	L	*		L		L		L	R
IOWA		L	C	L	L	L	*	C		L	L		L	R
KANSAS	C/R	L	R	L	C			R	C	L			L	R
KENTUCKY	C	L	C	L	C/L	L	*		L	L	L		L	C
LOUISIANA		L	C	L	L	L	L	L	L	L	L		L	
MAINE	R	L	R	L	L	L	L	L		R	L		L	R
MARYLAND	L	L	C	L	L	*	*	*	L	L	L		L	R
MASSACHUSETTS	L	L	R	L	L	*	*	L	L	L	L		L	
MICHIGAN		L	L	L		*	*		C	R		C	L	C
MINNESOTA		L	C	L	L	*	*	*	C	*		L	L	R
MISSISSIPPI		L		L	L					L	L		L	R
MISSOURI		L		L	L			*	C		L		L	R/C
MONTANA		L	C	L	L	L	*		L	L	L		L	
NEBRASKA	C	L	C	L	L			L	L	L	L		L	C
NEVADA	C/R	L	C	L	C			*			L	C	L	L
NEW HAMPSHIRE	R	L	C	L	C					C			L	
NEW JERSEY	R	L		L	L	L	L		L		L	L	L	R
NEW MEXICO	L	L	C	L	C	*	*	L			L		L	R
NEW YORK	C/R	L	R	L	L	L	L	*	C	L	L		L	R/L
N. CAROLINA	L	L	R	L	L			*	L	C	L	C	L	R
N. DAKOTA	L	L	C	L	L			L		L	L		L	R
OHIO	L	L	R	L	L			*	L	L/R	L		L	R
OKLAHOMA	L	L	C	L	L				L	L	L		L	C
OREGON	L	L	C	L	L	L	L		L	R	L		L	C
PENNSYLVANIA	R	L	C	L	L	*	*	*	C		L		L	C
RHODE ISLAND		L	R	L	C			C	L	R	L		L	
S. CAROLINA	L	L	R	L	L			C	C	R	L		L	R
S. DAKOTA	R	L	C	L	L					L			L	R
TENNESSEE	C	L	R	L	L	L	L	L	L	L	L	C	L	L
TEXAS	L	L	R	L	C/L			C	L	L/C	L		L	R
UTAH		L	R	L	L			*	L	L	L	L	L	
VERMONT	L	L	L	L	L	L	L			L			L	
VIRGINIA	L	L	R	L	L			C		L	L	C	L	C
WASHINGTON		L	R	L	L			*	C	L		C	L	R
WEST VIRGINIA	L	L	C	L	L	L	L		L	L			L	R
WISCONSIN		L	C	L	L			*	L				L	C
WYOMING	R	L	C	L	L	L	L				L	C	L	R
D.C.		L	L	L	L					L			L	
PUERTO RICO	R	L		L	L	L	L	*		L	L		L	L

Source: HPLIS/Council of State Governments; May, 1987

Key: C=Certification / L=Licensure / R=Registration
- * Enabling legislation
- ** Practice under the supervision of licensed M.D.
- + Licensed in New York City, but not in New York
- ++ Identified in practice act, but not recognized
- BA Board approval submitted by licensed physician
- NR No current state regulation

CHAPTER III

STATE REGULATION OF DIETITIANS

DIETITIAN

Type of State Regulation

Sixteen jurisdictions (including the District of Columbia and Puerto Rico) regulate the practice of dietetics: eight through licensure, five through certification, and three through registration. (See Table III-1).

Scope of Practice

The scope of practice of dietetics is largely uniform throughout the United States. An example of a dietitian's scope of practice is taken from Ohio (ORCA 4759):

> The practice of dietetics means any of the following:
>
> a. Nutritional assessment to determine nutritional needs and to recommend appropriate nutritional intake including enteral and parenteral nutrition;
>
> b. Nutritional counseling or education as components of preventive, curative, and restorative health care;
>
> c. Development, administration, evaluation, and consultation regarding nutritional care standards.

Composition of State Regulatory Bodies and Functions

Dietitians are regulated by a diverse set of structures across the jurisdictions. Twelve jurisdictions utilize a dietetic board, committee, or council. Four of those jurisdictions have departments of health or licensing under which the dietetic boards are grouped. Another three jurisdictions have direct regulation by a department of health. In every jurisdiction, the regulatory board is composed of a majority of dietitians. For complete details on the composition of the regulatory boards, see Table III-2.

In most jurisdictions, the board issues the license, approves and accredits educational programs, and promulgates rules and regulations. In a few jurisdictions, the department carries out all or some of these duties. There are several other organizations upon which boards or departments rely to approve and accredit the educational programs. These include the Council on Post-Secondary Accreditation, U.S. Department of Education, and the Northwestern and Southern Association of Schools and Colleges. (See Table III-3).

All of the regulatory bodies have the power to revoke or suspend a practitioner's license. Approximately 25 percent of the jurisdictions are allowed to reprimand the practitioner. Other available sanctions are specified in Table III-4.

Requirements for Licensure

As Table III-5 indicates, 11 jurisdictions require the applicant to pass a written examination and four jurisdictions do not require a written exam. No jurisdiction requires applicants to complete an oral or practical exam.

Fifteen jurisdictions require the applicant to hold at least a baccalaureate degree in the area of dietetics and nutrition. Three states waive this requirement if the applicant is registered by the Commission on Dietetic Registration. (The Commission has a voluntary certification program which includes strict requirements for certification similar to states' requirements.) Eleven jurisdictions require completion of an internship. Approximately 50 percent of the jurisdictions require the applicant to demonstrate good moral character and be at least 18 years old. For a more detailed breakdown of requirements for state regulation, see Table III-6.

Interstate Recognition of Credentials

As Table III-8 reveals, six jurisdictions provide for reciprocity of applicants while five jurisdictions endorse the license of an out-of-state practitioner and five jurisdictions do not have statutorily-defined reciprocity arrangements or endorsement procedures for out-of-state applicants.

Continuing Education Requirements

Only three jurisdictions require practitioners to complete continuing education credits. The state statute for each of these three states delegates authority to the board for determining the amount of required continuing education. (See Table III-9).

Fee Schedule

Available information on fee levels for seven types of fees are shown in Table III-7.

Page 1 of 1

TABLE III-1

DIETITIAN

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
ALABAMA	Registration	
CALIFORNIA	Registration	CBPC 2585
GEORGIA	Certification	OCG 43-11-A-16
IOWA	Licensure	IC 152A.2
LOUISIANA	Registration	RS 37:3081
MAINE	Certification*	
MARYLAND	Licensure	Act 4.5 206
MISSISSIPPI	Licensure	Sec. 4 of Act
MONTANA	Licensure	MCA 37-21-101
NORTH DAKOTA	Certification	Sec. 6 of Act
OHIO	Licensure	ORCA 4759E
OKLAHOMA	Licensure	59 OS 1722
TEXAS	Certification	Art. 4512(h)
UTAH	Certification	UCA 58-49-2
D.C.	Licensure	Sec. 501
PUERTO RICO	Licensure	Sec. 2187

Source: HPLIS/Council of State Governments; May, 1987

* Although this is designated in the state law as registration, according to this report's definition of licensure, certification, and registration, it is, in effect, certification.

TABLE III-2

Page 1 of 1

DIETITIAN

ORGANIZATIONAL PATTERN OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS			
		PROF.	PUB.	OTHER	TOTAL
ALABAMA*					
CALIFORNIA	State Dept. of Health Services				
GEORGIA	Bd. of Exam. of Licensed Dietitians	4(a)	3		7
IOWA	Board of Dietetic Examiners				
LOUISIANA	Dept. of Health & Human Services			1(b)	1
MAINE	Dept. of Professional & Financial Regulation, Bd. of Registration of Dietetic Practice	2	2	1	5
MARYLAND	State Board of Dietetic Practice, Dept. of Health & Mental Hygiene	5(c)	2		7
MISSISSIPPI	Council of Advisors in Dietetics, Board of Health	5	1	1(d)	7
MONTANA	Dept. of Health & Environ. Svcs.				
NORTH DAKOTA	Board of Dietetic Practice	4	1		5
OHIO	Board of Dietetics	4	1		5
OKLAHOMA	Advisory Committee on Dietetic Registration, State Board of Medical Examiners	3	1	1(e)	5
TEXAS	St. Bd. of Exam. of Dietitians	6	3		9
UTAH	Dietitian Board, Division of Occupational & Prof. Licensing	4	1		5
D.C.	Board of Dietetics & Nutrition	1	1	1(f)	3
PUERTO RICO	Board of Examiners of Nutritionists & Dietitians	3	2		5

Source: HPLIS/Council of State Governments; May, 1987

Key:

* HPLIS staff were unable to determine this information
a One member shall be an educator in the field of dietetic counseling and three members shall be dietetic counselors
b The Department shall designate a secretary
c One member engaged in clinical practice; one member engaged in public health practice; one member engaged in administrative practice; one member engaged in consulting; one member shall be a faculty member
d Licensed member of the health professions
e One member shall be from the Board of Medical Examiners
f A licensed nutritionist

TABLE III-3

DIETITIAN

FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATIONAL PROGRAMS	PROMULGATE REGULATIONS
ALABAMA*			
CALIFORNIA	Department	Department	Department
GEORGIA	Board	Board	Board
IOWA	Board	Board	Board
LOUISIANA	Department	a	Department
MAINE	Board	Board	Board
MARYLAND	Board	Board	Board
MISSISSIPPI	Board	b	Board
MONTANA	Department	c	Department
NORTH DAKOTA	Board	Board	Board
OHIO	Board	Board	Board
OKLAHOMA	Board	Committee	Board
TEXAS	Board	Board	Board
UTAH	Division	Division	Board
D.C.	Board	Board	Board
PUERTO RICO	Board	Board	Board

Source: HPLIS/Council of State Governments; May, 1987

Key:

* HPLIS staff were unable to determine this information
a Southern Association of Schools and Colleges
b Council on Post-Secondary Accreditation and the U.S. Department of Education
c Northwestern Association of Schools and Colleges

TABLE III-4

DIETITIAN

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	SUSPEND	REVOKE	RESTRICT LICENSE	CENSURE	REPRIMAND	PROBATION	FINE
ALABAMA	x	x					
CALIFORNIA	x	x					
GEORGIA	x	x			x		$500(a)
IOWA	x	x			x		
LOUISIANA	x	x					
MAINE	x	x					
MARYLAND	x	x					
MISSISSIPPI	x	x			x		
MONTANA	x	x					
NORTH DAKOTA	x	x				x	
OHIO	x	x				x	
OKLAHOMA	x	x			x	x	
TEXAS	x	x	x				
UTAH	x	x		x			
D.C.	x	x			x		
PUERTO RICO	x	x					

Source: HPLIS/Council of State Governments; May, 1987

Key:

a Not to exceed

TABLE III-5

DIETITIAN

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL
ALABAMA	*		
CALIFORNIA	*		
GEORGIA	a,b		
IOWA	a		
LOUISIANA	a		
MAINE	*		
MARYLAND	a		
MISSISSIPPI	a		
MONTANA	*		
NORTH DAKOTA			
OHIO	a		
OKLAHOMA	a		
TEXAS	a		
UTAH	a		
D.C.	c		
PUERTO RICO	a		

Source: HPLIS/Council of State Governments; May, 1987

Key:

*	No exam given
a	Board has discretion to prescribe the type of exam
b	Board may use the exam approved and administered by the Commission on Dietetic Registration of the American Dietetic Association
c	Examination of the Commission on Dietetic Registration of the American Dietetic Association; waiver of exam if applicant meets other requirements and has been employed in the practice of dietetics on a full-time or substantially full-time basis for at least three of the last five years

TABLE III-6 Page 1 of 1

DIETITIAN

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	EDUCATION	INTERNSHIP	APPRENTICE	AGE	STATE RESIDENCY	MORALS	U.S. CITIZENSHIP
ALABAMA	a						
CALIFORNIA	a	≥6 mos.		18			
GEORGIA	a			18			
IOWA	a	d					
LOUISIANA	a	e					
MAINE	a,b	f				i	
MARYLAND	a	f		18		j	
MISSISSIPPI	a,c						
MONTANA	a	≥6 mos.		18			
NORTH DAKOTA	c						
OHIO	a,c	d,c			h	j	
OKLAHOMA	a	g					
TEXAS	a						
UTAH	a	e				j	
D.C.	a	e		18		j	
PUERTO RICO	a	e		>18	Yes	j	

Source: HPLIS/Council of State Governments; May, 1987

Key:

a Hold at least a baccalaureate degree in area of dietetics and nutrition
b Applicant must present evidence satisfactory to the Board of having successfully completed the academic requirements established by the American Dietetic Association or equivalent requirements as determined by the Board
c Requirement met if applicant is a registered dietitian by the Commission on Dietetic Registration
d Complete clinical experience program that is approved by the American Dietetic Association and the Board
e Complete clinical experience as required
f Must complete clinical experience program approved by Commission on Dietetic Registration of the American Dietetic Association or hold a masters or doctoral degree
g Complete internship as approved by the Committee
h Resident of state or performs substantial dietetic services within the state
i Adhere to ethical and professional standards
j Must demonstrate good moral character

TABLE III-7

Page 1 of 1

DIETITIAN

SCHEDULE OF FEES
(in dollars)

STATE	INITIAL LICENSE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
ALABAMA*							
CALIFORNIA*							
GEORGIA(a)*							
IOWA*							
LOUISIANA*							
MAINE*							
MARYLAND*							
MISSISSIPPI*							
MONTANA*							
NORTH DAKOTA*							
OHIO	40(b)			30(b)	10(b)	10(b)	
OKLAHOMA	50	50		40		20	20
TEXAS	24	30	60	24		10	
UTAH(c)							
D.C.*							
PUERTO RICO		10			10	5	10

Source: HPLIS/Council of State Governments; May, 1987

Key:

* Information was not available to HPLIS staff at the time of publication
a Fees can be determined by the Board
b Board may raise these fees up to 50%
c Fees determined by Department of Business Regulation

TABLE III-8

DIETITIAN

RECIPROCITY AND ENDORSEMENT

STATE	TYPE	CONDITIONS	CITATION
ALABAMA	None		
CALIFORNIA	None		
GEORGIA	Endorsement	a	OCG 43-11-A-8
IOWA	Endorsement	b	IC 152A.3
LOUISIANA	None		
MAINE	None		
MARYLAND	Reciprocity	c	Act 4.5-305
MISSISSIPPI	Reciprocity	a	Sec. 8 of Act
MONTANA	None		
NORTH DAKOTA	Endorsement	a	Sec. 13 of Act
OHIO	Endorsement	a	ORCA 4759.06
OKLAHOMA	Reciprocity		59 OS 1735
TEXAS	Reciprocity	a	4512(h) Sec. 14
UTAH	Endorsement	a	UCA 58-49-6
D.C.	Reciprocity	a	DCCA 2-2305
PUERTO RICO	Reciprocity	a	Sec. 2188

Source: HPLIS/Council of State Governments; May, 1987

Key:

a Equivalent standards
b In good standing
c Passed comparable exam or became registered by the Commission on Dietetic Registration of the American Dietetics Association

TABLE III-9

DIETITIAN

CONTINUING EDUCATION REQUIREMENTS

STATE	REQUIRED	EXTENT OF EDUCATION
ALABAMA	No	
CALIFORNIA	No	
GEORGIA	No	
IOWA	Yes	a
LOUISIANA	Yes	a
MAINE	No	
MARYLAND	Yes	a
MISSISSIPPI	No	
MONTANA	No	
NORTH DAKOTA	No	
OHIO	No	
OKLAHOMA	No	
TEXAS	No	
UTAH	No	
D.C.	No	
PUERTO RICO	No	

Source: HPLIS/Council of State Governments; May, 1987

Key:

a At an amount to be determined by the Board

CHAPTER IV

STATE REGULATION OF MEDICAL TECHNOLOGISTS

MEDICAL TECHNOLOGIST

Type of State Regulation

Six states--California, Florida, Hawaii, Michigan, Nevada and Tennessee--regulate the practice of medical technology through licensure. New York also licenses medical technologists, but only those technicians practicing in New York City. (See Table IV-1. Since New York's law pertains to New York City only and not to the state of New York, further information on the New York act is not included in the remainder of this chapter.)

Scope of Practice

The scope of practice of medical technology is largely uniform throughout the six states that regulate them. In those states, "clinical laboratory technologist," otherwise called "medical technologist," means any person other than a licensed clinical laboratory bioanalyst or trainee who is licensed to perform the procedures in one or more of the sciences called for in a clinical laboratory under the direction of a person authorized to direct such a laboratory.

Composition of State Regulatory Bodies and Functions

Every state utilizes a department to regulate the profession--four of the states through a department of health services. Nevada regulates through the State Board of Health while Hawaii has a Department of Registration and Education. In most of the six states, professionals such as pathologists and medical technologists constitute a majority on the departmental review body. Public members are represented in Florida only. (See Table IV-2).

The department is the primary agency that issues the license or certificate, approves and accredits educational programs, and promulgates regulations. The exception is in Nevada, where the State Board of Health has these responsibilities. (See Table IV-3).

All of the regulatory bodies have the power to suspend or revoke a practitioner's license or certificate, and California, Nevada and Tennessee also utilize the option of implementing a fine of up to $1,000 for violations or offenses. (See Table IV-4).

Requirements for Licensure

The departments of all of the states require a written examination before a credential can be issued; however, no jurisdiction specifies the type of exam. Two jurisdictions also require an oral and/or a practical exam. (See Table IV-5).

All of the jurisdictions require that the applicant possess a bachelor's degree from a regionally accredited college or university and at least one year of training in a medical technology program accredited by the American Medical Association's Council on Medical Education. In addition, at least one year of training as a medical technology trainee is required. Some states also require good moral character. (See Table IV-6).

Interstate Recognition of Credentials

Two jurisdictions--California and Tennessee--will endorse the license of an out-of-state practitioner. Details of the conditions of endorsement can be found in Table IV-8.

Continuing Education Requirements

Three jurisdictions--California, Florida and Nevada--require continuing education as a condition for license renewal. (See Table IV-9).

Fee Schedule

Fee levels for six types of fees are shown in Table IV-7.

TABLE IV-1 Page 1 of 1

MEDICAL TECHNOLOGIST

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
CALIFORNIA	Licensure(a)	1261
FLORIDA	Licensure	483.172
HAWAII	Licensure	Sec. 1-A9
MICHIGAN	Licensure	405.1315
NEVADA	Licensure	
NEW YORK	Licensure(b)	
TENNESSEE	Licensure	53-4116

Source: HPLIS/Council of State Governments; May, 1987

Key:

a "Licensure" includes certification and registration
b The licensure law in New York applies to New York City only

TABLE IV-2

MEDICAL TECHNOLOGIST

ORGANIZATIONAL PATTERN OF STATE REGULATORY BOARDS

		NUMBER OF BOARD MEMBERS			
STATE	NAME OF BOARD/DEPARTMENT	PROF.	PUB.	OTHER	TOTAL
CALIFORNIA	Clinical Laboratory Advisory Cmte. St. Dept. of Health Services	5		5(a)	10
FLORIDA	Clinical Laboratories Advisory Council, Dept. of Health & Rehabilitative Services	1	1	5(b)	7
HAWAII	Clinical Laboratories Advisory Committee, Dept. of Registration & Education	2		5(c)	7
MICHIGAN	Department of Health				
NEVADA	State Board of Health, Medical Laboratory Advisory Cmte.	2		5(d)	7
TENNESSEE	Public Health Council, State Dept. of Public Health	*	*	*	*

Source: HPLIS/Council of State Governments; May, 1987

Key:

* Information was not available to HPLIS staff at the time of publication
a Three physicians; one clinical chemist; one bioanalyst
b One licensed physician who has no financial interest in clinical laboratory; one licensed osteopathic physician who has no financial interest in clinical laboratory; one licensed non-physician director of clinical laboratory; one licensed pathologist; one licensed non-physician supervisor
c One member from the Department of Health; two members from Hawaii Medical Association; two members from Hawaii Society of Pathologists; two members from Hawaii Society for Medical Technologists
d Two pathologists; one biochemist; one practicing physician; one bioanalyst who is a laboratory director

TABLE IV-3

MEDICAL TECHNOLOGIST

FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATIONAL PROGRAMS	PROMULGATE REGULATIONS
CALIFORNIA	Department	Department	Department
FLORIDA	Department	Department	Department
HAWAII	Department	Department	Department
MICHIGAN	Department	Department	Department
NEVADA	Board	Board	Board
TENNESSEE	Department	Department	Department

Source: HPLIS/Council of State Governments; May, 1987

TABLE IV-4

MEDICAL TECHNOLOGIST

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	SUSPEND	REVOKE	RESTRICT LICENSE	CENSURE	REPRIMAND	PROBATION	FINE	OTHER
CALIFORNIA	x	x					≤1000	a
FLORIDA	x	x						
HAWAII	x	x						
MICHIGAN	x	x						
NEVADA	x	x	x				≤500(b)	
TENNESSEE	x	x					50-1000	c

Source: HPLIS/Council of State Governments; May, 1987

Key:

a Conviction by imprisonment in county jail for up to six months
b Not to exceed $500 for each offense
c Imprisoned in county jail up to 11 months

TABLE IV-5

Page 1 of 1

MEDICAL TECHNOLOGIST

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL		PRACTICAL
CALIFORNIA	a	a	and/or	a
FLORIDA	a			
HAWAII	b			
MICHIGAN	b			
NEVADA	b			
TENNESSEE	a	a	and/or	a

Source: HPLIS/Council of State Governments; May, 1987

Key:

a State-developed exam is used
b Exam is required but no reference to a specific exam

TABLE IV-6

Page 1 of 1

MEDICAL TECHNOLOGIST

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	EDUCATION	INTERNSHIP	AGE	STATE RESIDENCY	MORALS	U.S. CITIZENSHIP
CALIFORNIA	a or b,c,d					
FLORIDA	a or b or c,e					
HAWAII	a,b,c					
MICHIGAN	a,c or b,e					
NEVADA	f					
TENNESSEE	a or e and c,b				x	

Source: HPLIS/Council of State Governments; May, 1987

Key:

a Bachelor's degree from a college or university recognized by the National Commission on Accrediting or acceptable to Department in medical technology

b Completed one year training as medical technology trainee in a program approved by Council on Medical Education of the American Medical Association

c Completed three academic years of study in college or university recognized by the National Commission on Accrediting and completion of course of training in a school of medical technology approved by Council on Medical Education of the American Medical Association

d Minimum of two years of experience as licensed trainee

e Bachelor's degree in chemical, physical or biological sciences from a college or university recognized by the National Commission on Accrediting or acceptable to Department in medical technology

f Bachelor's degree from a college or university or successfully pass the Health and Human Services Clinical Laboratory Technology Exam for Medical Technologists. (These are education and experience requirements associated with the exam.)

TABLE IV-7

Page 1 of 1

MEDICAL TECHNOLOGIST

SCHEDULE OF FEES
(in dollars)

STATE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
CALIFORNIA	38		25		5	
FLORIDA	35 (incl. exam)		40/Bi			
HAWAII	10		3/An			
MICHIGAN*						
NEVADA	20		15/An			
TENNESSEE	5	≤50	10			

Source: HPLIS/Council of State Governments; May, 1987

Key:

*	Information was not available to HPLIS staff at the time of publication
An	Annual
Bi	Biennial

TABLE IV-8

MEDICAL TECHNOLOGIST

RECIPROCITY AND ENDORSEMENT

STATE	TYPE	CONDITIONS
CALIFORNIA	Endorsement	a,b
FLORIDA	None	
HAWAII	None	
MICHIGAN	None	
NEVADA	None	
TENNESSEE	Endorsement	a

Source: HPLIS/Council of State Governments; May, 1987

Key:

a Passed examinations of the national accrediting boards whose requirements are equal to or greater than those required by the new department

b Laws and regulations established by original department are equal to or greater than those required by new department

TABLE IV-9

MEDICAL TECHNOLOGIST

CONTINUING EDUCATION REQUIREMENTS

STATE	REQUIRED	EXTENT OF EDUCATION
CALIFORNIA	Yes	Not specified
FLORIDA	Yes	>10 hrs. biennially
HAWAII	a	Not specified
MICHIGAN*		
NEVADA	Yes	10 hrs. annually
TENNESSEE*		

Source: HPLIS/Council of State Governments; May, 1987

Key:

* Information was not available to HPLIS staff at the time of publication
a Determined by Director of Health

CHAPTER V

STATE REGULATION OF OPTICIANS

OPTICIAN

Type of State Regulation

Although all states recognize that opticians do practice opticianry in their states, only 21 states and Puerto Rico regulate the practice of opticianry through licensure. (See Table V-1). As the table reveals, Iowa is the only state that regulates the practice of opticianry by certification.

Scope of Practice

The scope of practice of opticianry is largely uniform throughout the United States. An example is taken from Arizona (ARS 32-1671):

> Dispensing Optician means any person who dispenses lenses, contact lenses, frames, artificial eyes, optical devices, appurtenances thereto or parts thereof to the intended wearer on written prescription from a duly licensed physician or optometrist, and in accordance with such prescription interprets, measures, adapts, fits, or adjusts the same for the aid or correction of visual or ocular anomalies of the human eye or who duplicates, replaces, reproduces, or repeats the same without prescription where there is no change in refractive value, provided that contact lenses shall never be dispensed without a written contact lens prescription being on file in any optical establishment, office of an optometrist or office of a physician or verbal confirmation of that written prescription.

Composition of State Regulatory Bodies and Functions

Opticians are regulated by a diverse set of structures across the states. Twenty jurisdictions utilize an opticianry board or committee. Three jurisdictions utilize a department of health, department of education, or a board of medical examiners. In all but one jurisdiction, the board is comprised of a majority of opticians. As Table V-2 reveals, 16 jurisdictions also include public members on the board. In addition, Kentucky, New Jersey, Ohio and Puerto Rico require that one or more optometrists be board members, and Virginia requires that a licensed ophthalmologist also be a board member.

In the majority of jurisdictions, the board issues licenses, approves and accredits educational programs, and promulgates regulations. In some jurisdictions (i.e., five), these duties are fully or partially carried out by the various departments. (See Table V-3).

A vast majority of the regulatory bodies have the power to suspend or revoke a practitioner's license. Except for Alaska, few jurisdictions have other sanctions available. (See Table V-4).

Requirements for Licensure

All jurisdictions require some form of written examination before a license can be issued. The examinations most commonly used include the American Board of Opticianry Exam, National Contact Lens Exam, and exams on state laws. Eighteen jurisdictions also require that a practical exam be successfully completed before initial licensure is granted. (See Table V-5).

Twenty jurisdictions require the applicant to complete either educational requirements or apprenticeship requirements. Rhode Island requires the completion of both. Most jurisdictions set a minimum age and require good moral character as a requirement for licensure. Several states require the prospective licensee to be a U.S. citizen or, in one case, a state resident. For complete details on licensure requirements, see Table V-6.

Interstate Recognition of Credentials

Eight jurisdictions provide for reciprocity, while another seven jurisdictions will endorse the license of an out-of-state practitioner. Seven jurisdictions do not provide for reciprocity or endorsement. For a detailed list of the conditions of reciprocity and endorsement, see Table V-8.

Continuing Education Requirements

Twelve jurisdictions require continuing education as a condition for license renewal. Table V-9 shows the extent and time frame requirements for continuing education credits.

Fee Schedule

Fee levels for seven types of fees are shown in Table V-7.

TABLE V-1 Page 1 of 1

OPTICIAN

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
ALASKA	Licensure	AS 08.71.080
ARIZONA	Licensure	ARS 32-1681
ARKANSAS	Licensure	AS 72-2103
CALIFORNIA	Licensure[1]	Bus. & Prof. Code 2550
CONNECTICUT	Licensure	CGS 20-146
FLORIDA	Licensure	FS 484.001
GEORGIA	Licensure	OCG 43-29-7
HAWAII	Licensure	HRS 458-6
IOWA	Certification	153A.1
KENTUCKY	Licensure	KRS 326.030
MASSACHUSETTS	Licensure	Ch. 112-73D
NEVADA	Licensure	NRS 637.090
NEW JERSEY	Licensure	NJSA 52:17B-41.5
NEW YORK	Licensure	CLNYA 67.03
NORTH CAROLINA	Licensure	GSNC 90-234
OHIO	Licensure	ORCA 4725.40
RHODE ISLAND	Licensure	GLRI 5-35-23
SOUTH CAROLINA	Licensure	GLSC 40-38-20
TENNESSEE	Licensure	TCA 63-1403
VERMONT	Licensure	VSA 2652
VIRGINIA	Licensure	VC 54-398.3
WASHINGTON	Licensure	RCW 18.34.060
PUERTO RICO	Licensure	Act 128 Sec. 4

Source: HPLIS/Council of State Governments; May, 1987

---

[1] In California the optician's facility, not the individual, is licensed. Beginning in 1988 all managers of optician establishments and persons who dispense contact lenses must also be licensed. The tables in this report reflect licensure of the facilities and not the new law effective in 1988.

TABLE V-2 Page 1 of 1

OPTICIAN

ORGANIZATIONAL PATTERN OF STATE REGULATORY BOARDS

		NUMBER OF BOARD MEMBERS			
STATE	NAME OF BOARD/DEPARTMENT	PROF.	PUB.	OTHER	TOTAL
ALASKA	Board of Dispensing Opticians	4	1		5
ARIZONA	State Board of Dispensing Opticians	5	2		7
ARKANSAS	Board of Dispensing Opticians	6	1		7
CALIFORNIA	Board of Medical Quality Assurance, Div. of Allied Health Professions	3	2		5
CONNECTICUT	Board of Examiners for Opticians	2	1		3
FLORIDA	Bd. of Opticianry, Dept. of Prof. Reg.	5	2		7
GEORGIA	State Board of Dispensing Opticians	5	1		6
HAWAII	Board of Dispensing Opticians	3	2		5
IOWA	Dept. of Pub. Health, Prof. Lic. Ofc.				NA
KENTUCKY	Board of Ophthalmic Dispensers	2	1	2(a)	5
MASSACHUSETTS	Bd. of Regis. of Dispensing Opticians	4	1		5
NEVADA	Board of Dispensing Opticians	4	1		5
NEW JERSEY	St. Bd. of Exam. of Ophthalmic Disp.	4		1(b)	5
NEW YORK	NYS Board of Ophthalmic Dispensing, Department of Education	*	*	*	12
NORTH CAROLINA	Board of Opticians	5	2		7
OHIO	Optical Dispensers Board	4	1	2(a)	7
RHODE ISLAND	Advisory Committee for Opticianry	4	1		5
SOUTH CAROLINA	Board of Examiners in Opticianry	5	2		7
TENNESSEE	Board of Dispensing Opticians	5			5
VERMONT	Board of Examiners of Opticians	4	1		5
VIRGINIA	Board of Opticians	3	1	1(c)	5
WASHINGTON	Examining Committee	3			3
PUERTO RICO	Board of Examiners of Opticians	3		2(d)	5

Source: HPLIS/Council of State Governments; May, 1987

Key:

*	Information was not available to HPLIS staff at the time of publication
a	One member shall be a licensed optometrist and one member shall be either a licensed physician or a licensed osteopath
b	One licensed optometrist
c	One licensed ophthalmologist
d	Two licensed optometrists
NA	Not applicable

TABLE V-3

OPTICIAN

FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATIONAL PROGRAMS	PROMULGATE REGULATIONS
ALASKA	Board	Board	Board
ARIZONA	Board	Board	Board
ARKANSAS	Board	Board	Board
CALIFORNIA	Board	Board	Board
CONNECTICUT	Department	Board	Department
FLORIDA	Department	Board	Board
GEORGIA	Board	Board	Board
HAWAII	Board	Board	Board
IOWA	Department	Department	Department
KENTUCKY	Board	Board	Board
MASSACHUSETTS	Board	Board	Board
NEVADA	Board	Board	Board
NEW JERSEY	Board	Board	Board
NEW YORK	Department	Department	Department
NORTH CAROLINA	Board	Board	Board
OHIO	Board	Board	Board
RHODE ISLAND	Department	Department	Department
SOUTH CAROLINA	Board	Board	Board
TENNESSEE	Board	Board	Board
VERMONT	Board	Board	Board
VIRGINIA	Board	Board	Board
WASHINGTON	Board	Board	Board
PUERTO RICO	Board	Board	Board

Source: HPLIS/Council of State Governments; May, 1987

T

TABLE V-4 Page 1 of 1

OPTICIAN

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	SUSPEND	REVOKE	RESTRICT LICENSE	CENSURE	REPRIMAND	PROBATION	FINE
ALASKA	x	x	x	x	x	x	
ARIZONA	x	x					
ARKANSAS	x	x					
CALIFORNIA	x	x					
CONNECTICUT	x	x					
FLORIDA	x	x			x	x	$1000(a)
GEORGIA		x					
HAWAII	x	x					
IOWA	x	x					
KENTUCKY	x	x					
MASSACHUSETTS	x	x					
NEVADA	x	x					
NEW JERSEY	x	x					
NEW YORK	x	x					
NORTH CAROLINA	x	x			x		
OHIO	x	x					
RHODE ISLAND							
SOUTH CAROLINA	x	x			x		
TENNESSEE	x	x					
VERMONT	x	x					
VIRGINIA	x	x					
WASHINGTON	x	x					
PUERTO RICO		x					

Source: HPLIS/Council of State Governments; May, 1987

Key:

a Not to exceed

TABLE V-5

OPTICIAN

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL
ALASKA	a		Yes
ARIZONA	b		Yes
ARKANSAS	c		Yes
CALIFORNIA	d,e		No
CONNECTICUT	a	May	Yes
FLORIDA	a		Yes
GEORGIA	a		Yes
HAWAII	a		Yes
IOWA	a		No
KENTUCKY	a		Yes
MASSACHUSETTS	a		No
NEVADA	c		Yes
NEW JERSEY	f		Yes
NEW YORK	f		Yes
NORTH CAROLINA	d,f		Yes
OHIO	a		No
RHODE ISLAND	c		Yes
SOUTH CAROLINA	a		Yes
TENNESSEE	a		Yes
VERMONT	c		No
VIRGINIA	a		Yes
WASHINGTON	f		Yes
PUERTO RICO	g		Yes

Source: HPLIS/Council of State Governments; May, 1987

Key:

a Applicant must pass American Board of Opticianry (ABO) exam and the National Contact Lens Exam (NCLE)
b Applicant must pass ABO exam, NCLE exam, or state exam on state laws
c Applicant must pass ABO exam
d Applicant must pass NCLE exam
e Applicant must pass ABO exam beginning in 1988
f Applicant must pass exam on state laws
g Exam is given; no reference to a specific type of exam

TABLE V-6 Page 1 of 1

OPTICIAN

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	EDUCATION	INTERNSHIP	APPRENTICE	AGE	STATE RESIDENCY	MORALS	U.S. CITIZENSHIP
ALASKA			6000 hrs.				
ARIZONA	a,b		1 yr.			Good	
ARKANSAS*	a		3 yrs.	21	Yes	Good	
CALIFORNIA*			5 yrs.				
CONNECTICUT*	c		≥4 yrs.			Good	
FLORIDA*	a		3 yrs.	18		Good	
GEORGIA*	d		3000 hrs.	>21		Good	
HAWAII			3 yrs.				
IOWA*	a		3 yrs.				
KENTUCKY*	a		2 yrs.	>18		Good	Yes
MASSACHUSETTS*	e		3 yrs.				
NEVADA*	f		≥3 yrs.	18		Good	Yes
NEW JERSEY*	f		3 yrs.				
NEW YORK*	a		2 yrs				
NORTH CAROLINA*	c		3.5 yrs.	18			
OHIO*	c		2 yrs.	18		Good	
RHODE ISLAND	g		≥1 yr.	>18		Good	
SOUTH CAROLINA*	c		3 yrs.				
TENNESSEE*	c		3 yrs.	18		Good	Yes
VERMONT*	c		3 yrs.	Majority			
VIRGINIA*	c		3 yrs.				
WASHINGTON*	h		3 yrs.	18		Good	Yes
PUERTO RICO*	a		3 yrs.	Majority		Good	Yes

Source: HPLIS/Council of State Governments: May, 1987

Key:

*	Can meet educational requirement or apprenticeship requirement
a	Graduate of a school of optical dispensing
b	Instead of education requirements, this can be satisfied if served as an apprentice three of the six years prior to application
c	Two-year educational program
d	At least 850-hour course of study at a school of opticianry
e	At least 600 hours of course work (completed regular day course of not less than 12 months, or regular night course of not less than 18 months)
f	Has received associate degree and has had one year of experience
g	Satisfactory education
h	Successfully completed a course in opticianry in a college or university

TABLE V-7 Page 1 of 1

OPTICIAN

SCHEDULE OF FEES
(in dollars)

STATE	INITIAL LICENSE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
ALASKA	50		50	200/4 yrs.			
ARIZONA	≤50	50		50			≤50
ARKANSAS		50		50			
CALIFORNIA	150	50		150/Bi			
CONNECTICUT		50		30			
FLORIDA			150	130/Bi			
GEORGIA		85		60/Bi		10	60
HAWAII*							
IOWA		25		10		5	
KENTUCKY			25	10	10		25
MASSACHUSETTS*							
NEVADA		100		75			
NEW JERSEY	50		80	140/Bi	50	25	
NEW YORK	30		65		75		
NORTH CAROLINA	10		100	60			75
OHIO		50		35			50
RHODE ISLAND		30		25			
SOUTH CAROLINA*							
TENNESSEE		25	50	25			
VERMONT		50		50			50
VIRGINIA		50		10		5	
WASHINGTON			50	60		5	
PUERTO RICO	10		25			10	25

Source: HPLIS/Council of State Governments; May, 1987

Key:

* Information was not available to HPLIS staff at the time of publication
Bi Biennial

TABLE V-8

OPTICIAN

RECIPROCITY AND ENDORSEMENT

STATE	TYPE	CONDITIONS	CITATION
ALASKA	Endorsement	a,b,c	12 AAC 30.100
ARIZONA	Endorsement	d	ARS 32-1683(5)(a)
ARKANSAS	Reciprocity	b,d,e,f	AS 72-2110
CALIFORNIA	None		
CONNECTICUT	Endorsement		CGS 20-146
FLORIDA	Reciprocity	e	Rule 21P-17.01
GEORGIA	Reciprocity	d,g	OCG 43-29-9
HAWAII	None		
IOWA	None		
KENTUCKY	Endorsement	d,g	201 KAR 13:060
MASSACHUSETTS	Reciprocity	d,h	Ch. 112-73E
NEVADA	None		
NEW JERSEY	None		
NEW YORK	Endorsement	g,h	CLNYA 59.6
NORTH CAROLINA	Endorsement	d,i,j	GSNC 90-241
OHIO	Reciprocity	d	Rule 4726-5-04
RHODE ISLAND	None		
SOUTH CAROLINA	Endorsement		GLSC 40-38-120
TENNESSEE	None		
VERMONT	Reciprocity	d	VSA 2675
VIRGINIA	Reciprocity	d	VC 2675
WASHINGTON	None		
PUERTO RICO	Reciprocity		Act 125 Sec. 8

Source: HPLIS/Council of State Governments; May, 1987

Key:

a	Applicant passed National Opticianry Competency Exam
b	Equivalent training
c	Applicant passed equivalent practical exam
d	Equivalent standards
e	Applicant must have been in practice three years immediately preceding application
f	Applicant is of good moral character
g	Applicant must have been in practice for at least two years
h	Applicant has not failed this state's exam before
i	Applicant in good standing
j	Applicant must have been in practice four years immediately preceding application

TABLE V-9

OPTICIAN

CONTINUING EDUCATION REQUIREMENTS

STATE	REQUIRED	EXTENT OF EDUCATION
ALASKA	Yes	15 hrs./4 years
ARIZONA	No	
ARKANSAS	Yes	9 hrs. biennially
CALIFORNIA	No	
CONNECTICUT	No	
FLORIDA	Yes	20 hrs. biennially
GEORGIA	Yes	12 hrs. biennially
HAWAII	No	
IOWA	Yes	12 hrs. annually
KENTUCKY	No	
MASSACHUSETTS	No	
NEVADA	Yes	(a)
NEW JERSEY	No	
NEW YORK	No	
NORTH CAROLINA	Yes	6 hrs. annually(b)
OHIO	Yes	30 hrs. triennially(c)
RHODE ISLAND	Yes	8 hrs. biennially
SOUTH CAROLINA	Yes	3 hrs. annually
TENNESSEE	Yes	8 hrs. annually
VERMONT	Yes	10 hrs. biennially
VIRGINIA	No	
WASHINGTON	No	
PUERTO RICO	No	

Source: HPLIS/Council of State Governments; May, 1987

Key:

a Annual requirement after first year is 12 hours spectacle, or seven hours spectacle and seven hours contact lens
b Six hours spectacle and six hours contact lens
c If dually licensed

CHAPTER VI

STATE REGULATION OF OPTOMETRISTS

OPTOMETRIST

Type of State Regulation

All 50 states, the District of Columbia and Puerto Rico regulate the practice of optometry through licensure. (See Table VI-1).

Scope of Practice

The scope of practice of optometry varies widely from state to state. An example of an optometry scope of practice is taken from North Carolina and represents the modern trend across the United States to expand the scope of practice to include diagnosis and treatment of eye diseases:

> Any one or any combination of the following practices shall constitute the practice of optometry (NC statute 90-114):
>
> a. The examination of the human eye by any method, other than surgery, to diagnose, to treat, or to refer for consultation or treatment any abnormal condition of the human eye and its adnexa; or
>
> b. The employment of instruments, devices, pharmaceutical agents and procedures, other than surgery, intended for the purpose of investigating, examining, treating, diagnosing, or correcting visual defects or abnormal conditions of the human eye or its adnexa; or
>
> c. The prescribing and application of lenses, devices containing lenses, prisms, contact lenses, orthoptics, vision training, pharmaceutical agents, and prosthetic devices to correct, relieve, or treat defects or abnormal conditions of the human eye or its adnexa.
>
> Provided, however, in using or prescribing pharmaceutical agents, other than topical pharmaceutical agents within the definition hereinabove set out which are used for the purpose of examining the eye, the optometrist so using or prescribing shall communicate and collaborate with a physician duly licensed to practice medicine in North Carolina designated or agreed to by the patient.

The Wisconsin scope of practice differs from the North Carolina scope of practice. In Wisconsin (449.01),

> (a) The practice of the profession of optometry is defined as:
>
> 1. The employment of any optometric means, including topical ocular diagnostic pharmaceutical agents under s. 449.17, to determine the visual efficiency of the human visual system, including refractive and functional abilities or preliminarily diagnose

the presence of ocular disease or ocular manifestations of systemic disease and other departures from normal.

2. The diagnosis and treatment of the refractive and functional ability of the visual system and enhancement of visual performance by prescribing, furnishing, fitting or employing ophthalmic lenses, contact lenses, frames, aids or prosthetic materials or administering visual training, orthoptics, visual therapy or any other optometric means.

(b) The practice of the profession of optometry does not include surgery, medical treatment or the use of drugs for therapeutic purposes.

The Wisconsin law (Section b) specifically states that optometrists can not use drugs for therapeutic purposes, and it is here the two scopes differ. In North Carolina, drugs can be used to treat diseases or abnormal conditions of the eye.

In the last few years the scopes of practice have been updated in many jurisdictions. In 48 states and the District of Columbia, optometrists may employ pharmaceutical agents for diagnostic purposes, and in 19 states, they may also use pharmaceutical agents to treat abnormal conditions of the eye.

The definition of an optometrist is largely uniform throughout the United States. The American Optometric Association defines an optometrist as:

> Doctors of optometry (optometrists) are primary care health professionals who are specifically educated, clinically trained and state licensed to examine the eyes and vision system, diagnose problems or impairments, and prescribe and provide treatment. Among the types of treatment optometrists use are prescription glasses; contact lenses; vision therapy; low vision aids; and, in some states, pharmaceutical agents for therapeutic purposes.

Composition of State Regulatory Bodies and Functions

Every jurisdiction utilizes an optometry board or committee. Also, in every jurisdiction licensed optometrists constitute a majority on the board. Public members sit on boards in 29 jurisdictions. For a more detailed discussion of the makeup of boards, see Table VI-2.

In most jurisdictions, the board is the primary agency that issues licenses, approves and accredits educational programs, and promulgates rules and regulations. Many states base their accreditation approval on a list of accredited programs prepared and submitted by the American Optometric Association's Council on Optometric Education and reviewed by the International Association of Boards of Examiners in Optometry. In several states, a department of health or regulation will perform some or all of these duties. One state approves educational programs which the United States Commissioner of Education has approved and accredited. Table VI-3 provides full information on the functions of the boards or agencies in the individual states.

Almost every jurisdiction gives the board the power to revoke or suspend a practitioner's license. Approximately 20 percent of the boards are allowed to put a practitioner's license on probation. Other sanctions available are specified in Table VI-4.

Requirements for Licensure

Every jurisdiction requires a written examination prepared by either the board or an outside organization such as the National Board of Examiners in Optometry. In addition, a majority of the states use practical examinations and some states may use oral examinations, too. (See Table VI-5).

All jurisdictions require that the applicant be a graduate of an accredited college of optometry. Most jurisdictions require good moral character, and set a minimum age for applicants. About 20 percent of the jurisdictions require a potential licensee to be a state resident or a U.S. citizen. (See Table VI-6).

Interstate Recognition of Credentials

As Table VI-8 indicates, 24 jurisdictions provide for reciprocity, while 16 jurisdictions endorse the licenses of out-of-state practitioners. The remaining 11 jurisdictions do not recognize out-of-state credentials.

Continuing Education Requirements

Forty-six jurisdictions require continuing education. Table VI-9 shows the extent of continuing education credits required as a prerequisite to license renewal.

Fee Schedule

Fee levels for seven types of fees charged by licensing boards or agencies are shown in Table VI-7.

TABLE VI-1

OPTOMETRIST

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
ALABAMA	Licensure	AC 34-22-20
ALASKA	Licensure	AS 08.72.110
ARIZONA	Licensure	ARS 32-1741
ARKANSAS	Licensure	AS 72-806
CALIFORNIA	Licensure	Bus. & Prof. Code 3040
COLORADO	Licensure	CRS 12-40-104
CONNECTICUT	Licensure	CGS 20-130
DELAWARE	Licensure	DCA 24-2106
FLORIDA	Licensure	FS 463.006
GEORGIA	Licensure	OCG 43-30-6
HAWAII	Licensure	HRS 459-2
IDAHO	Licensure	IC 54-1502
ILLINOIS	Licensure	111 IRS 3801
INDIANA	Licensure	IC 25-24-1-1
IOWA	Licensure	ICA 147.2
KANSAS	Licensure	KSA 65-1501
KENTUCKY	Licensure	KRS 320.220
LOUISIANA	Licensure	RS 37:1041
MAINE	Licensure	34A MRSA 2421
MARYLAND	Licensure	ACM 10-301
MASSACHUSETTS	Licensure	ALM 112-68
MICHIGAN	Licensure	Pub. Health Code 333.17411
MINNESOTA	Licensure	MS 148.56
MISSISSIPPI	Licensure	MC 73-19-3
MISSOURI	Licensure	RSMo 336.020
MONTANA	Licensure	MCA 37-10-301
NEBRASKA	Licensure	RS 71-1,133
NEVADA	Licensure	NRS 636.145
NEW HAMPSHIRE	Licensure	NHRSA 327:6
NEW JERSEY	Licensure	NJSA 45.125
NEW MEXICO	Licensure	NMSA 61-2-4
NEW YORK	Licensure	Ed. Law Sec. 256.3
NORTH CAROLINA	Licensure	GSNC 90-115
NORTH DAKOTA	Licensure	NDCC 43-13-15
OHIO	Licensure	ORCA 4725.02

TABLE VI-1 Page 2 of 2

OPTOMETRIST

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
OKLAHOMA	Licensure	59 OS 588
OREGON	Licensure	ORS 683.020
PENNSYLVANIA	Licensure	63 PS 244.3
RHODE ISLAND	Licensure	GLRI 5-35-6
SOUTH CAROLINA	Licensure	GLSC 40-37-90
SOUTH DAKOTA	Licensure	SDCL 36-7-10
TENNESSEE	Licensure	TCA 63-8-113
TEXAS	Licensure	Art. 4552-5.04
UTAH	Licensure	UCA 58-16-1
VERMONT	Licensure	VSA 1712
VIRGINIA	Licensure	VC 54-368
WASHINGTON	Licensure	RCW 18.53.020
WEST VIRGINIA	Licensure	WVC 30-8-4
WISCONSIN	Licensure	WSA 449.02
WYOMING	Licensure	WS 33-23-103
D.C.	Licensure	DC Code 2-3305.1
PUERTO RICO	Licensure	Title 20 Sec. 537

Source: HPLIS/Council of State Governments; May, 1987

TABLE VI-2

Page 1 of 2

OPTOMETRIST

ORGANIZATIONAL PATTERN OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL
ALABAMA	Board of Optometry	5			5
ALASKA	Board of Examiners in Optometry	4	1		5
ARIZONA	State Board of Optometry	4	1	1(a)	6
ARKANSAS	State Board of Optometry	5			5
CALIFORNIA	Board of Optometry	5	1		6
COLORADO	St. Bd. of Optometric Examiners	5	2		7
CONNECTICUT	Board of Examiners in Optometry	5			5
DELAWARE	St. Bd. of Examiners in Optometry	3	2		5
FLORIDA	Board of Optometry	5	2		7
GEORGIA	St. Bd. of Examiners in Optometry	5	1		6
HAWAII	Board of Examiners in Optometry	3	2		5
IDAHO	State Board of Optometry	5			5
ILLINOIS	Technical Review Board, Dept. of Registration & Education	3		3(a)	6
INDIANA	State Board of Registration & Examination in Optometry	5	1		6
IOWA	Optometry Examiners	3			3
KANSAS	Board of Examiners in Optometry	3	1		4
KENTUCKY	Board of Optometric Examiners	4	1		5
LOUISIANA	St. Bd. of Optometry Examiners	5			5
MAINE	State Board of Optometry	5	1		6
MARYLAND	Board of Examiners in Optometry	5	1		6
MASSACHUSETTS	Bd. of Registration in Optometry	4	1		5
MICHIGAN	Board of Optometry	5	2		7
MINNESOTA	Board of Optometry	5	2		7
MISSISSIPPI	State Board of Optometry	5			5
MISSOURI	State Board of Optometry	5	1		6
MONTANA	Board of Optometrists	3	1		4
NEBRASKA	Board of Examiners in Optometry	3	1		4
NEVADA	State Board of Optometry	3	1		4
NEW HAMPSHIRE	Bd. of Registration in Optometry	4	1		5
NEW JERSEY	State Board of Optometrists	5			5
NEW MEXICO	Board of Optometry	5	1		6
NEW YORK	Board of Optometry	10	2		12
NORTH CAROLINA	Board of Examiners in Optometry	5	2		7
NORTH DAKOTA	State Board of Optometry	5			5
OHIO	State Board of Optometry	5			5

TABLE VI-2 Page 2 of 2

OPTOMETRIST

ORGANIZATIONAL PATTERN OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL
OKLAHOMA	Board of Optometry	3			3
OREGON	Board of Optometry	3	1		4
PENNSYLVANIA	State Board of Optometry	7	3	2(b)	12
RHODE ISLAND	Board of Examiners for Optometry	4	1		5
SOUTH CAROLINA	Board of Examiners in Optometry	5	2		7
SOUTH DAKOTA	St. Bd. of Examiners in Optometry	3	1		4
TENNESSEE	State Board of Optometry	5			5
TEXAS	Optometry Board	6	3		9
UTAH	State Optometry Committee	4	1		5
VERMONT	State Board of Optometry	3	2		5
VIRGINIA	Board of Optometry	5			5
WASHINGTON	Optometry Board	5			5
WEST VIRGINIA	Board of Optometry	5			5
WISCONSIN	Optometry Examining Board	5	1		6
WYOMING	Board of Examiners in Optometry	3			3
D.C.	Board of Optometry	4	1		5
PUERTO RICO	Board of Examiners of Optometrists	5			5

Source: HPLIS/Council of State Governments; May, 1987

Key:

a Member shall be a physician
b One member shall be the Commissioner of Professional and Occupational Affairs and the other shall be the Director of the Bureau of Consumer Protection in the Attorney General's office

TABLE VI-3 Page 1 of 2

OPTOMETRIST

FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATIONAL PROGRAMS	PROMULGATE REGULATIONS
ALABAMA	Board	Board	Board
ALASKA	Board	Board	Board
ARIZONA	Board	Board	Board
ARKANSAS	Board	Board	Board
CALIFORNIA	Board	Board	Board
COLORADO	Board	Board	Board
CONNECTICUT	Board	Board	Board
DELAWARE	Board	Board	Board
FLORIDA	Department	Board	Board
GEORGIA	Board	Board	Board
HAWAII	Board	Board	Board
IDAHO	Board	Board	Board
ILLINOIS	Department	Board	Department
INDIANA	Board	Board	Board
IOWA	Department	Board	Board
KANSAS	Board	Board	Board
KENTUCKY	Board	Board	Board
LOUISIANA	Board	Board	Board
MAINE	Board	Board	Board
MARYLAND	Board	Board	Board
MASSACHUSETTS	Board	Board	Board
MICHIGAN	Board	Board	Board
MINNESOTA	Board	Board	Board
MISSISSIPPI	Board	Board	Board
MISSOURI	Board	Board	Board
MONTANA	Department	Board	Board
NEBRASKA	Board	Department	Board
NEVADA	Board	Board	Board
NEW HAMPSHIRE	Board	Board	Board
NEW JERSEY	Board	Board	Board
NEW MEXICO	Board	Board	Board
NEW YORK	Board	Board	Board
NORTH CAROLINA	Board	Board	Board
NORTH DAKOTA	Board	Board	Board
OHIO	Board	Board	Board

TABLE VI-3 Page 2 of 2

OPTOMETRIST

FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATIONAL PROGRAMS	PROMULGATE REGULATIONS
OKLAHOMA	Board	Board	Board
OREGON	Board	Board	Board
PENNSYLVANIA	Board	Board	Board
RHODE ISLAND	a	a	a
SOUTH CAROLINA	Board	Board	Board
SOUTH DAKOTA	Board	Board	Board
TENNESSEE	Board	Board	Board
TEXAS	Board	Board	Board
UTAH	Department	Department	Department
VERMONT	Board	Board	Board
VIRGINIA	Board	Board	Board
WASHINGTON	b	Board	Board
WEST VIRGINIA	Board	Board	Board
WISCONSIN	Board	Board	Board
WYOMING	Board	Board(c)	Board
D.C.	Board	Board	Board
PUERTO RICO	Board	Board	Board

Source: HPLIS/Council of State Governments; May, 1987

Key:

a Division of Professional Regulation of the Department of Health
b Director of Licensing
c Also United States Commissioner of Education

TABLE VI-4

Page 1 of 2

OPTOMETRIST

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	SUSPEND	REVOKE	RESTRICT LICENSE	CENSURE	REPRIMAND	PROBATION	FINE	OTHER
ALABAMA	x	x						
ALASKA	x	x	x	x	x	x		
ARIZONA	x	x		x		x		
ARKANSAS	x	x						
CALIFORNIA	x	x						
COLORADO	x	x						
CONNECTICUT	x	x						
DELAWARE	x	x						
FLORIDA	x	x			x	x	a	
GEORGIA	x	x						
HAWAII		x						
IDAHO	x	x						
ILLINOIS	x	x						
INDIANA	x	x				x		
IOWA	x	x						
KANSAS	x	x						
KENTUCKY	x	x						
LOUISIANA	x	x						
MAINE	x	x						
MARYLAND	x	x			x	x		
MASSACHUSETTS	x	x						
MICHIGAN	x	x	x	x	x	x	x	
MINNESOTA	x	x						
MISSISSIPPI		x						
MISSOURI	x	x		x		x		
MONTANA	x	x						
NEBRASKA	x	x						
NEVADA	x	x						
NEW HAMPSHIRE	x	x			x			
NEW JERSEY	x	x						
NEW MEXICO	x	x						
NEW YORK	x	x						
NORTH CAROLINA	x	x		x		x		b
NORTH DAKOTA		x						
OHIO	x	x						

TABLE VI-4

Page 2 of 2

OPTOMETRIST

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	SUS-PEND	RE-VOKE	RESTRICT LICENSE	CEN-SURE	REPRI-MAND	PROBA-TION	FINE	OTHER
OKLAHOMA	x	x						
OREGON	x	x	x			x	a	
PENNSYLVANIA	x	x	x		x	x		
RHODE ISLAND	x	x						
SOUTH CAROLINA	x	x			x			
SOUTH DAKOTA		x						
TENNESSEE	x	x						
TEXAS	x	x		x	x			
UTAH	x	x						
VERMONT	x	x						
VIRGINIA	x	x				x	≤500	
WASHINGTON	x	x						
WEST VIRGINIA	x	x						
WISCONSIN	x	x						
WYOMING	x	x						
D.C.	x	x						
PUERTO RICO	x	x						

Source: HPLIS/Council of State Governments; May, 1987

Key:

a Fine of $1,000 for each offense
b Board may take other disciplinary measures that it deems fit and proper

TABLE VI-5

OPTOMETRIST

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL
ALABAMA	a	c	May
ALASKA	b	Yes	Yes
ARIZONA	b	Yes	Yes
ARKANSAS	b	c	
CALIFORNIA	c		Yes
COLORADO	a		Yes
CONNECTICUT	c		Yes
DELAWARE	b		Yes
FLORIDA	d		May
GEORGIA	c		May
HAWAII	e		Yes
IDAHO	a	Yes	Yes
ILLINOIS	a	c	Yes
INDIANA	d		Yes
IOWA	c		
KANSAS	b	c	May
KENTUCKY	a		May
LOUISIANA	b		
MAINE	c		
MARYLAND	c		
MASSACHUSETTS	a		Yes
MICHIGAN	c		
MINNESOTA	c		Yes
MISSISSIPPI	c		Yes
MISSOURI	a	c	Yes
MONTANA	a	Yes	Yes
NEBRASKA	c		
NEVADA	b		Yes
NEW HAMPSHIRE	c		Yes
NEW JERSEY	b		
NEW MEXICO	b	c	Yes
NEW YORK	c		Yes
NORTH CAROLINA	a	c	May
NORTH DAKOTA	c		
OHIO	b		Yes

TABLE VI-5

OPTOMETRIST

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL
OKLAHOMA	b		
OREGON	a		Yes
PENNSYLVANIA	f		
RHODE ISLAND	a		Yes
SOUTH CAROLINA	a or c	c	May
SOUTH DAKOTA	b	c	
TENNESSEE	c		Yes
TEXAS	g		Yes
UTAH	a		Yes
VERMONT	d	Yes	Yes
VIRGINIA	a	c	May
WASHINGTON	a	c	May
WEST VIRGINIA	c		
WISCONSIN	b		Yes
WYOMING	c		
D.C.	c		
PUERTO RICO	c		Yes

Source: HPLIS/Council of State Governments; May, 1987

Key:

a	Exam administered by National Board of Examiners in Optometry (NBEO)
b	Exam is given but no reference to a specific exam
c	Exam is made or delegated at the discretion of the Board
d	NBEO exam plus a state exam
e	Exam must cover the same body of knowledge as the exam administered by the National Board of Examiners in Optometry
f	Exam shall be prepared and administered by a qualified and approved professional testing organization
g	State or NBEO exam

TABLE VI-6 Page 1 of 2

OPTOMETRIST

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	EDUCATION	INTERNSHIP	APPRENTICE	AGE	STATE RESIDENCY	MORALS	U.S. CITIZENSHIP
ALABAMA	a			19		Good	Yes
ALASKA	a					Good	
ARIZONA	a			>21	1 yr.	Good	
ARKANSAS	a						
CALIFORNIA	a			>18		Good	
COLORADO	a			21			
CONNECTICUT	a			>21		Good	
DELAWARE	a	6 mos.				Good	
FLORIDA	a			18			
GEORGIA	a			21		Good	
HAWAII	a					Good	
IDAHO	a			>21		Good	
ILLINOIS	a			21		Good	Yes
INDIANA	a			>18			
IOWA	a			21		Good	
KANSAS	a					Good	
KENTUCKY	a			18			
LOUISIANA	a					Good	
MAINE	a			18			
MARYLAND	b			18		Good	
MASSACHUSETTS	a			18		Good	
MICHIGAN	a			18		Good	
MINNESOTA	a					Good	
MISSISSIPPI	a			>21		Good	
MISSOURI	a			21		Good	
MONTANA	a			18		Good	
NEBRASKA	a						
NEVADA	a			21		Good	Yes
NEW HAMPSHIRE	a			>18		Good	
NEW JERSEY	a			>21		Good	c
NEW MEXICO	a			18		Good	c
NEW YORK	a					Good	
NORTH CAROLINA	a			18	1 yr.	Good	
NORTH DAKOTA	a			18			
OHIO	a			18		Good	

TABLE VI-6

Page 2 of 2

OPTOMETRIST

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	EDUCATION	INTERNSHIP	APPRENTICE	AGE	STATE RESIDENCY	MORALS	U.S. CITIZENSHIP
OKLAHOMA	a			>21		Good	
OREGON	a						
PENNSYLVANIA	a			21		Good	
RHODE ISLAND	a	6 mos.		18		Good	Yes
SOUTH CAROLINA	a					Good	
SOUTH DAKOTA	a			18	Yes	Good	Yes
TENNESSEE	a			>18		Good	
TEXAS	a			18		Good	
UTAH	a			21		Good	
VERMONT	a			18		Good	
VIRGINIA	a			>18		Good	
WASHINGTON	a					Good	Yes
WEST VIRGINIA	a			18		Good	
WISCONSIN	a			18		Good	
WYOMING	a					Good	
D.C.	a			18		Good	
PUERTO RICO	a			>21			Yes

Source: HPLIS/Council of State Governments; May, 1987

Key:

a Graduated from a school or college of optometry that is approved and accredited
b Satisfactory evidence of level of education that is equal to current standards set by the Board
c U.S. citizen or has plans to become one

TABLE VI-7

Page 1 of 2

OPTOMETRIST

SCHEDULE OF FEES (in dollars)

STATE	INITIAL LICENSE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
ALABAMA		100					
ALASKA			50	200/4 yrs.			
ARIZONA		75		100		20	150
ARKANSAS		100		25			150
CALIFORNIA	70(a)		50(a)	70(a)			
COLORADO*							
CONNECTICUT			50			1	100
DELAWARE			75	40/Bi			
FLORIDA			250	250(a)			
GEORGIA		200		80/Bi		5	
HAWAII		30					
IDAHO			25	25		10	
ILLINOIS*							
INDIANA	5		75	166/Bi			75
IOWA*							
KANSAS	15(a)	75		75			75
KENTUCKY			100	75			200
LOUISIANA	150	100		100			
MAINE		75		50			100
MARYLAND*							
MASSACHUSETTS		50		25/An			50
MICHIGAN		100		80/Bi	25	5	100
MINNESOTA	12	50		65(b)			100
MISSISSIPPI		25(d)		50(b)			25
MISSOURI	50		100	60		10	150
MONTANA	50	75		55			160
NEBRASKA	150			75/Bi		5	150
NEVADA	c		100(a)	250(a)		25(a)	
NEW HAMPSHIRE(c)							
NEW JERSEY		225		100/Bi		25	200
NEW MEXICO	25(a)		100(a)	25(a)			150(a)
NEW YORK	125	120		120/Tri			
NORTH CAROLINA			200	25			125
NORTH DAKOTA			40	25			25
OHIO			75	75			75

TABLE VI-7 Page 2 of 2

OPTOMETRIST

SCHEDULE OF FEES
(in dollars)

STATE	INITIAL LICENSE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
OKLAHOMA			100	65			
OREGON			50	80			
PENNSYLVANIA		25		40/Bi			25
RHODE ISLAND		40		45			50
SOUTH CAROLINA*							
SOUTH DAKOTA	10		50	100			75
TENNESSEE		75		50		5	
TEXAS	40		55	100		15	
UTAH		50	200	40			
VERMONT	50	100		50/Bi		10	100
VIRGINIA*							
WASHINGTON*							
WEST VIRGINIA	5		50	20		5	
WISCONSIN			50	35		5	50
WYOMING	100(a)		100(a)	100(a)			
D.C.*							
PUERTO RICO	5		25			10	25

Source: HPLIS/Council of State Governments; May, 1987

Key:

*	Information was not available to HPLIS staff at the time of publication
An	Annual
Bi	Biennial
Tri	Triennial
a	Not to exceed
b	Subject to change
c	To be set by Board
d	$50 for nonresidents

TABLE VI-8

OPTOMETRIST

RECIPROCITY AND ENDORSEMENT

STATE	TYPE	CONDITIONS	CITATION
ALABAMA	Reciprocity	a,b,c	AC 34-22-21
ALASKA	Endorsement	d,e	AS 08.72.170
ARIZONA	Reciprocity	a,e,f,g	ARS 32-1723
ARKANSAS	Reciprocity	h	AS 72-809
CALIFORNIA	None		
COLORADO	None		
CONNECTICUT	Reciprocity	a,b	CGS 20-130
DELAWARE	None		
FLORIDA	Reciprocity		FS 463.018
GEORGIA	Endorsement		OCG 43-30-7(b)
HAWAII	None		
IDAHO	Reciprocity	a,e,i	Rule VIII
ILLINOIS	Endorsement	b	Sec. 320.50
INDIANA	Endorsement	a	IC 25-24-1-3
IOWA	Reciprocity		ICA 147.44
KANSAS	Endorsement	b	KSA 65-1505
KENTUCKY	Reciprocity	i,j	KRS 320.270
LOUISIANA	Endorsement	b	Rule IV
MAINE	Reciprocity	a,b,k,l	34A MRSA 2424
MARYLAND	Endorsement	a,b,l,m	ACM 10-305
MASSACHUSETTS	Reciprocity	b	ALM 112-68
MICHIGAN	Endorsement	n	
MINNESOTA	Reciprocity	b,l	MS 148.57(2)
MISSISSIPPI	Reciprocity	a,b	MC 73-19-25
MISSOURI	Endorsement	b,e,i	4 CSR 210-2.011
MONTANA	Reciprocity	o	MCA 37-10-303
NEBRASKA	Reciprocity	k,p	Rule 172-13(.001)
NEVADA	None		
NEW HAMPSHIRE	Reciprocity	b	NHRSA 327:9
NEW JERSEY	Endorsement	b or n	NJSA 45:12-7
NEW MEXICO	Endorsement	b,i,q,r	NMSA 61-2-9
NEW YORK	Endorsement	b,j	Ed. Law Sec. 66.4
NORTH CAROLINA	Endorsement	b,e,s	GSNC 90-118.5
NORTH DAKOTA	Reciprocity	b	NDCC 43-13-18
OHIO	Reciprocity	a	ORCA 4725.12

TABLE VI-8

OPTOMETRIST

RECIPROCITY AND ENDORSEMENT

STATE	TYPE	CONDITIONS	CITATION
OKLAHOMA	None		
OREGON	Reciprocity	a,b,e,j,k	ORS 683.220
PENNSYLVANIA	Reciprocity	t	63 PS 244.6
RHODE ISLAND	Reciprocity	b	GLRI 5-35-13
SOUTH CAROLINA	Endorsement	e,j,u	GLSC 40-37-90
SOUTH DAKOTA	Reciprocity	b	SDCL 36-7-13
TENNESSEE	None		
TEXAS	None		
UTAH	Reciprocity	b,e	UCA 58-16-5
VERMONT	Endorsement	b,i,v	VSA 1716
VIRGINIA	Reciprocity	a,b,c,e	VC 54-384
WASHINGTON	None		
WEST VIRGINIA	None		
WISCONSIN	Endorsement	b,j,k	WSA 449.05
WYOMING	None		
D.C.	Reciprocity or Endorsement	b	DC Code 2-3305.7
PUERTO RICO	Reciprocity		Title 20 Sec. 540

Source: HPLIS/Council of State Governments; May, 1987

Key:

a Applicant has not previously failed this test
b Equivalent standards
c Applicant has been in practice at least one year
d Applicant has been in practice at least three years or has passed the written portion of the exam given by the National Board of Examiners in Optometry (NBEO)
e Applicant is in good standing
f Applicant is of good moral character
g Applicant has been in practice at least four of five years immediately prior to application
h Applicant must have been in practice at least three years and have been a resident for at least one year
i Applicant must pass oral and practical exam
j Applicant must have been in practice for five years
k Applicant must pass a practical exam

TABLE VI-8

Page 3 of 3

OPTOMETRIST

RECIPROCITY AND ENDORSEMENT

l Applicant must have been in practice continuously for three years before application
m Applicant must have participated in continuing education the last three years
n Applicant has passed National Exam
o Applicant must have scored at least 75% on the other state's exam
p Applicant must appear for a personal interview
q Applicant must have been in practice continuously for seven years before application
r Applicant holds a doctor of optometry degree (completion of study of a minimum of 4,000 clock hours)
s Applicant has been in practice three years out of the last five years
t Applicant has been in practice in other state at least four years
u Applicant has passed equivalent exam or the NBEO exam
v Applicant has been in practice at least two years

TABLE VI-9 Page 1 of 2

OPTOMETRIST

CONTINUING EDUCATION REQUIREMENTS

STATE	REQUIRED	EXTENT OF EDUCATION
ALABAMA	Yes	10 hrs. annually
ALASKA	Yes	48 hrs./4 years
ARIZONA	Yes	16 hrs. annually
ARKANSAS	Yes	8 hrs. annually
CALIFORNIA	No	(a)
COLORADO	No	
CONNECTICUT	Yes	14 hrs. annually
DELAWARE	Yes	12 hrs. biennially
FLORIDA	Yes	28 hrs. biennially
GEORGIA	Yes	28 hrs. biennially
HAWAII	Yes	8 hrs. annually
IDAHO	Yes	12 hrs. annually
ILLINOIS	Yes	24 hrs. biennially
INDIANA	Yes	30 hrs. biennially
IOWA	Yes	24 hrs. biennially
KANSAS	Yes	16 hrs.
KENTUCKY	Yes	8 hrs.
LOUISIANA	Yes	12 hrs.
MAINE	Yes	15 hrs.
MARYLAND	Yes	25 hrs.(b)
MASSACHUSETTS	Yes	10 hrs.
MICHIGAN	Yes	24 hrs. biennially
MINNESOTA	Yes	12 hrs.
MISSISSIPPI	Yes	20 hrs. annually
MISSOURI	Yes	8 hrs.
MONTANA	Yes	12 hrs.
NEBRASKA	Yes	32 hrs. biennially
NEVADA	Yes	25 hrs.(b)
NEW HAMPSHIRE	Yes	25 hrs.(b)
NEW JERSEY	Yes	50 hrs. biennially
NEW MEXICO	Yes	16 hrs. annually
NEW YORK	No	(a)
NORTH CAROLINA	Yes	17 hrs. annually
NORTH DAKOTA	Yes	18 hrs. triennially
OHIO	Yes	12 hrs. annually

TABLE VI-9

OPTOMETRIST

CONTINUING EDUCATION REQUIREMENTS

STATE	REQUIRED	EXTENT OF EDUCATION
OKLAHOMA	Yes	16 hrs. annually
OREGON	Yes	20 hrs. biennially
PENNSYLVANIA	Yes	12 hrs. biennially(c)
RHODE ISLAND	Yes	16 hrs. annually
SOUTH CAROLINA	Yes	12 hrs.(c)
SOUTH DAKOTA	Yes	36 hrs. triennially
TENNESSEE	Yes	9 hrs.
TEXAS	Yes	12 hrs.
UTAH	Yes	12 hrs.
VERMONT	Yes	20 hrs. biennially
VIRGINIA	Yes	16 hrs.(c)
WASHINGTON	Yes	50 hrs. biennially
WEST VIRGINIA	Yes	12 hrs.
WISCONSIN	No	
WYOMING	Yes	12 hrs. annually
D.C.	No	
PUERTO RICO	No	

Source: HPLIS/Council of State Governments; May, 1987

Key:

a No amount given
b Not to exceed
c Minimum

PHARMACIST

Type of State Regulation

Every state, the District Columbia and Puerto Rico, regulate pharmacists through licensure. (See Table VII-1).

Scope of Practice

The scope of practice of a pharmacist is largely uniform throughout the United States. An example of a pharmacy scope of practice is taken from Nebraska (RS 71-1,147):

> Practice of Pharmacy shall mean:
>
> a. The interpretation and evaluation of prescription orders;
>
> b. The compounding, dispensing, and labeling of drugs and devices, except labeling by a manufacturer, packer, or distributor of nonprescription drugs and commercially packaged legend drugs and devices;
>
> c. The participation in drug selection, drug utilization review, drug source selection, and drug administration;
>
> d. The proper and safe storage of drugs and devices and the maintenance of proper records;
>
> e. The responsibility for advising, when necessary or when regulated, of therapeutic values, content, hazards, and use of drugs and devices;
>
> f. The offering or performing of those acts, services, operations or transactions necessary in the conduct, operation, management, and control of pharmacy.

Composition of State Regulatory Bodies and Functions

Every jurisdiction utilizes a pharmacy board or commission to regulate the profession. In every jurisdiction, pharmacists comprise a majority of the board, and public members sit on boards in 30 jurisdictions. For complete details on the composition of the boards, see Table VII-2.

In most states, the board has primary responsibility for issuing the licenses and promulgating rules and regulations. However, in nine jurisdictions the department issues the licenses, and in two of those jurisdictions, the department also promulgates the rules and regulations. (See Table VII-3).

In many states, the board or the department will also approve or accredit educational programs. However, seven jurisdictions rely on the judgment of independent organizations such as the National Association of Boards of Pharmacy, the American Association of Colleges of Pharmacy, the United States Office of Education, and the American Council of Pharmaceutical Education. (See Table VII-3 for state-by-state information.)

Virtually all of the regulatory bodies have the power to revoke or suspend a practitioner's license. Approximately 20 percent of the state boards are also allowed to restrict practice, reprimand, probate, or fine a practitioner. Other available sanctions are specified in Table VII-4.

Requirements for Licensure

All jurisdictions require a written examination prepared either by the board or another organization. Sixteen jurisdictions require a practical examination and some jurisdictions may require both a practical and an oral examination. (See Table VII-5).

All jurisdictions require that the applicant be a graduate of a college of pharmacy that is approved and accredited. Most jurisdictions require an internship of 1,500-2,000 hours before licensure. Thirty-five require that the applicant be of good moral character and meet minimum age requirements. Some jurisdictions require an applicant to be a United States citizen or have intentions of becoming one. (See Table VII-6).

Interstate Recognition of Credentials

Twenty-seven jurisdictions provide for reciprocity while 13 jurisdictions endorse the license of an out-of-state practitioner. Five jurisdictions expressly preclude reciprocity or endorsement, and one allows the board to enter into reciprocity agreements. (See Table VII-8).

Continuing Education Requirements

Twenty-five jurisdictions require continuing education. Table VII-9 shows the extent of continuing education credits required as a prerequisite to license renewal.

Fee Schedule

Fee levels for seven types of fees are shown in Table VII-7.

CHAPTER VII

STATE REGULATION OF PHARMACISTS

TABLE VII-1

PHARMACIST

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
ALABAMA	Licensure	CA 34-23-50
ALASKA	Licensure	AS 08.80.040(1)
ARIZONA	Licensure	ARS 32-1922
ARKANSAS	Licensure	AS 72-1007.1
CALIFORNIA	Licensure	Bus. & Prof. Code 4050
COLORADO	Licensure	CRS 12-22-101
CONNECTICUT	Licensure	CGSA 20-178
DELAWARE	Licensure	DCA 2521
FLORIDA	Licensure	FS 465.002
GEORGIA	Licensure	OCG 43-26-4-37
HAWAII	Licensure	HRS 461-5
IDAHO	Licensure	IC C54-1721
ILLINOIS	Licensure	111 IRS 4006
INDIANA	Licensure	IC 25-26-13-1
IOWA	Licensure	IC 147.2
KANSAS	Licensure	KSA 65-1631
KENTUCKY	Licensure	KRS 315.030
LOUISIANA	Licensure	LRS 37:1179
MAINE	Licensure	MRSA 22-2368
MARYLAND	Licensure	MCA 12-301
MASSACHUSETTS	Licensure	ALM 112-26
MICHIGAN	Licensure	Pub. Health Code 333.17711
MINNESOTA	Licensure	R 6800.0300
MISSISSIPPI	Licensure	MCA 73-21-83
MISSOURI	Licensure	MS 338.010
MONTANA	Licensure	MCA 37-7-102
NEBRASKA	Licensure	RS 71-1,142
NEVADA	Licensure	NRS 639.200
NEW HAMPSHIRE	Licensure	RSA 318:1
NEW JERSEY	Licensure	NJSA 45:14-6
NEW MEXICO	Licensure	NMSA 61-11-2
NEW YORK	Licensure	CLNYA 6803
NORTH CAROLINA	Licensure	GSNC 90-85.3
NORTH DAKOTA	Licensure	NDCC 43-15-01
OHIO	Licensure	RC 4729-51

TABLE VII-1

PHARMACIST

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
OKLAHOMA	Licensure	OS 353.9
OREGON	Licensure	ORS 689.225
PENNSYLVANIA	Licensure	63 PS 390-2
RHODE ISLAND	Licensure	GLRI 5-19-10
SOUTH CAROLINA	Licensure	GLSC 40-43-36
SOUTH DAKOTA	Licensure	SDCL 36-11-15
TENNESSEE	Licensure	TCA 63-10-101
TEXAS	Licensure	TCSA 1628-4
UTAH	Licensure	UCA 58-17-2
VERMONT	Licensure	VSA 2041
VIRGINIA	Licensure	VC 54-524.2
WASHINGTON	Licensure	RCW 18.64.020
WEST VIRGINIA	Licensure	WVC 30-5-4
WISCONSIN	Licensure	WSA 450.06
WYOMING	Licensure	WS 33-24-120
D.C.	Licensure	DC Code 2-3305.1
PUERTO RICO	Licensure	Title 20 Sec. 385

Source: HPLIS/Council of State Governments; May, 1987

TABLE VII-2 Page 1 of 2

PHARMACIST

ORGANIZATIONAL PATTERN OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS			
		PROF.	PUB.	OTHER	TOTAL
ALABAMA	Board of Pharmacy	5(a)			5
ALASKA	Board of Pharmacy, Dept. of Commerce & Economic Dev.	5	2		7
ARIZONA	Board of Pharmacy	5	2		7
ARKANSAS	Board of Pharmacy	5	1		6
CALIFORNIA	Board of Pharmacy	7	3		10
COLORADO	Board of Pharmacy	5	2		7
CONNECTICUT	Commission of Pharmacy	6(a)			6
DELAWARE	Board of Pharmacy	5	1		6
FLORIDA	Bd. of Pharm., Dept. of Prof. Reg.	5	2		7
GEORGIA	Board of Pharmacy	7	1		8
HAWAII	Board of Pharmacy	5	2		7
IDAHO	Board of Pharmacy	2	1		3
ILLINOIS	Board of Pharmacy, Dept. of Registration & Education	7(b)			7
INDIANA	Board of Pharmacy	5	1		6
IOWA	Bd. of Pharmacy, Dept. of Health	5	2		7
KANSAS	State Board of Pharmacy	5	1		6
KENTUCKY	Board of Pharmacy	5	1		6
LOUISIANA	Board of Pharmacy	21			21
MAINE	Board of Comm. of Pharmacists	5	1		6
MARYLAND	Board of Pharmacy	6	2		8
MASSACHUSETTS	Bd. of Registration of Pharmacy	6	1		7
MICHIGAN	Bd. of Pharm., Dept. of Pub. Health	6	2		8
MINNESOTA	Board of Pharmacy	5	2		7
MISSISSIPPI	Board of Pharmacy	7			7
MISSOURI	Board of Pharmacy	5			5
MONTANA	Bd. of Pharmacy, Dept. of Commerce	3	2		5
NEBRASKA	Board of Examiners in Pharmacy	4	1		5
NEVADA	Board of Pharmacy	5	1		6
NEW HAMPSHIRE	Pharmacy Board	5	1		6
NEW JERSEY	Board of Pharmacy	5			5
NEW MEXICO	Board of Pharmacy	5	1		6
NEW YORK	Bd. of Pharmacy, Education Dept.	8	1		9
NORTH CAROLINA	Board of Pharmacy	5	1		6
NORTH DAKOTA	Board of Pharmacy	5			5
OHIO	Board of Pharmacy	8			8

TABLE VII-2 Page 2 of 2

PHARMACIST

ORGANIZATIONAL PATTERN OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL
OKLAHOMA	Board of Pharmacy	5			5
OREGON	Board of Pharmacy	5	2		7
PENNSYLVANIA	Board of Pharmacy	5		1	6
RHODE ISLAND	Board of Pharmacy	5			5
SOUTH CAROLINA	Board of Pharmacy	7	1		8
SOUTH DAKOTA	Bd. of Pharmacy, Dept. of Commerce	3	1		4
TENNESSEE	Board of Pharmacy	6(a)			6
TEXAS	Board of Pharmacy	7	2		9
UTAH	Bd. of Pharmacy, Dept. of Regis.	4	1		5
VERMONT	Board of Pharmacy	5	2		7
VIRGINIA	Board of Pharmacy	5			5
WASHINGTON	Board of Pharmacy	4	1		5
WEST VIRGINIA	Board of Pharmacy	5			5
WISCONSIN	Pharmacy Examining Board	5	1		6
WYOMING	Board of Pharmacy	3		3(c)	6
D.C.	Board of Pharmacy	5	2		7
PUERTO RICO	Board of Pharmacy	5			5

Source: HPLIS/Council of State Governments; May, 1987

Key:

a One full-time hospital pharmacist
b One member shall be on the faculty of the University of Illinois College of Pharmacy
c One licensed physician, veterinarian, and dentist, but these members shall have no voting power

TABLE VII-3

PHARMACIST

FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATIONAL PROGRAMS	PROMULGATE REGULATIONS
ALABAMA	Board	Board	Board
ALASKA	Department	a	Board
ARIZONA	Board	Board	Board
ARKANSAS	Board	Board	Board
CALIFORNIA	Board	Board	Board
COLORADO	Board	Board	Board
CONNECTICUT	Commission	Commission	Commission
DELAWARE	Board	b	Board
FLORIDA	Department	c	Board
GEORGIA	Board	Board	Board
HAWAII	Board	d	Board
IDAHO	Board	Board	Board
ILLINOIS	Department	Department	Department
INDIANA	Board	Board	Board
IOWA	Department	Board	Board
KANSAS	Board	Board	Board
KENTUCKY	Board	Board	Board
LOUISIANA	Board	Board	Board
MAINE	Board		Board
MARYLAND	Board	Board	Board
MASSACHUSETTS	Board	Board	Board
MICHIGAN	Department	Board	Board
MINNESOTA	Board	Board	Board
MISSISSIPPI	Board	Board	Board
MISSOURI	Board	Board	Board
MONTANA	Department	d	Board
NEBRASKA	Board	Board	Board
NEVADA	Board	d	Board
NEW HAMPSHIRE	Board	d	Board
NEW JERSEY	Board	Board	Board
NEW MEXICO	Board	Board	Board
NEW YORK	Department	Department	Board
NORTH CAROLINA	Board	Board	Board
NORTH DAKOTA	Board	Board	Board
OHIO	Board	Board	Board

PHARMACIST

FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATIONAL PROGRAMS	PROMULGATE REGULATIONS
OKLAHOMA	Board	Board	Board
OREGON	Board	Board	Board
PENNSYLVANIA	Board	Board	Board
RHODE ISLAND	Board	Board	Board
SOUTH CAROLINA	Board	Board	Board
SOUTH DAKOTA	Board	Board	Board
TENNESSEE	Board	Board	Board
TEXAS	Board	Board	Board
UTAH	Department	Board	Department
VERMONT	Board	Board	Board
VIRGINIA	Board	Board	Board
WASHINGTON	Board	Board	Board
WEST VIRGINIA	Board	Board	Board
WISCONSIN	Department	Board	Board
WYOMING	Board	Board	Board
D.C.	Board	Board	Board
PUERTO RICO	Board	Board	Board

Source: HPLIS/Council of State Governments; May, 1987

Key:

a	National Association of Boards of Pharmacy
b	American Association of Colleges of Pharmacy
c	U.S. Office of Education
d	American Council of Pharmaceutical Education

TABLE VII-4 Page 1 of 2

PHARMACIST

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	SUS-PEND	RE-VOKE	RESTRICT LICENSE	CEN-SURE	REPRI-MAND	PROBA-TION	FINE
ALABAMA	x	x				x	
ALASKA	x	x		x	x	x	
ARIZONA	x	x				x	
ARKANSAS	x	x					x
CALIFORNIA	x	x					
COLORADO	x	x					
CONNECTICUT	x	x					
DELAWARE	x	x	x				
FLORIDA	x	x			x	x	x
GEORGIA	x	x			x		x
HAWAII	x	x					
IDAHO	x	x	x				
ILLINOIS	x	x					
INDIANA	x	x				x	x
IOWA	x	x					
KANSAS	x	x				x	
KENTUCKY	x	x	x				x
LOUISIANA	x	x					
MAINE	x	x					
MARYLAND	x	x			x		
MASSACHUSETTS	x	x					
MICHIGAN	x	x	x		x	x	x
MINNESOTA	x	x					
MISSISSIPPI	x	x					
MISSOURI	x	x					
MONTANA		x					
NEBRASKA	x	x	x			x	x
NEVADA	x	x					
NEW HAMPSHIRE	x	x			x		
NEW JERSEY	x	x					
NEW MEXICO	x	x					
NEW YORK	x	x		x	x		x
NORTH CAROLINA	x	x	x		x		
NORTH DAKOTA	x	x	x				
OHIO	x	x					

TABLE VII-4

Page 2 of 2

PHARMACIST

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	SUS-PEND	RE-VOKE	RESTRICT LICENSE	CEN-SURE	REPRI-MAND	PROBA-TION	FINE
OKLAHOMA	x	x					
OREGON	x	x	x				
PENNSYLVANIA	x	x					
RHODE ISLAND		x					
SOUTH CAROLINA	x	x	x		x		
SOUTH DAKOTA	x	x					
TENNESSEE	x	x				x	x
TEXAS	x	x	x		x	x	x
UTAH	x	x					
VERMONT	x	x	x				
VIRGINIA	x	x					x
WASHINGTON	x	x					
WEST VIRGINIA	x	x					
WISCONSIN	x	x			x		
WYOMING	x	x					
D.C.		x			x		x
PUERTO RICO	x	x					x

Source: HPLIS/Council of State Governments; May, 1987

TABLE VII-5

PHARMACIST

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL
ALABAMA	a		
ALASKA	a		
ARIZONA	b		
ARKANSAS	b		
CALIFORNIA	b		
COLORADO	c		Yes
CONNECTICUT	b		
DELAWARE	d		
FLORIDA	b		
GEORGIA	e		Yes
HAWAII	c	May	Yes
IDAHO	c		
ILLINOIS	b		
INDIANA	b		
IOWA	e		
KANSAS	b		
KENTUCKY	[illegible]		
LOUISIANA	c		
MAINE	e		
MARYLAND	b		Yes
MASSACHUSETTS	f	May	
MICHIGAN	c		Yes
MINNESOTA	b		
MISSISSIPPI	e		
MISSOURI	b		
MONTANA	b		
NEBRASKA	c		
NEVADA	b		
NEW HAMPSHIRE	c		
NEW JERSEY	c		Yes
NEW MEXICO	e		Yes
NEW YORK	d		
NORTH CAROLINA	c		Yes
NORTH DAKOTA	d		
OHIO	b	May	May

TABLE VII-5

PHARMACIST

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL
OKLAHOMA	c		
OREGON	c		Yes
PENNSYLVANIA	c		Yes
RHODE ISLAND	c		
SOUTH CAROLINA	e		
SOUTH DAKOTA	b		
TENNESSEE	g		Yes
TEXAS	e		
UTAH	b		
VERMONT	c		
VIRGINIA	c		Yes
WASHINGTON	c		Yes
WEST VIRGINIA	c		
WISCONSIN	e		Yes
WYOMING	c		Yes
D.C.	b	May	May
PUERTO RICO	b	Yes	Yes

Source: HPLIS/Council of State Governments; May, 1987

Key:

a Approved by National Association of Boards of Pharmacy
b Exam is required but no reference to a specific exam
c Exam is made at the discretion of the Board
d National Association of Boards of Pharmacy Licensure Exam (NABPLEX)
e NABPLEX plus state jurisprudence exam
f NABPLEX plus a possible exam on state jurisprudence
g State jurisprudence exam

TABLE VII-6

PHARMACIST

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	EDUCATION	INTERNSHIP	APPRENTICE	AGE	STATE RESIDENCY	MORALS	U.S. CITIZENSHIP
ALABAMA	a	d		19		Good	
ALASKA	a	≥1500 hrs.					
ARIZONA	a	1500 hrs.				Good	
ARKANSAS	a			21		Good	Yes
CALIFORNIA	a	1500 hrs.		18			
COLORADO	a	1800 hrs.					
CONNECTICUT	a	d					
DELAWARE	a	≥1500 hrs.					
FLORIDA	b	1500-2080 hrs.		18			
GEORGIA	a	1500 hrs.		Majority			Good
HAWAII	a	2000 hrs.		18		Good	
IDAHO	a	d		Majority			Good
ILLINOIS	c			21		Good	Yes
INDIANA	a	1040 hrs.		21		e	
IOWA	a	1500 hrs.					
KANSAS	a	≥1 yr.				Good	
KENTUCKY	a	1600 hrs.		18		Good	
LOUISIANA	a	1500 hrs.		21		Good	
MAINE	a	800 hrs.		21			Yes
MARYLAND	a	9 mos.		18		Good	
MASSACHUSETTS	a	≥1500 hrs.					
MICHIGAN	a	≥1000 hrs.				Good	
MINNESOTA	a			18		Good	
MISSISSIPPI	a	1500 hrs.				Good	
MISSOURI	a	1 yr.		21		Good	Yes
MONTANA	a	1500 hrs.				Good	
NEBRASKA	a	≥1500 hrs.		21		Good	
NEVADA	a	≥1500 hrs.		18		Good	
NEW HAMPSHIRE	a	≥1500 hrs.		18		Good	
NEW JERSEY	a	d		21		Good	Yes
NEW MEXICO	a	≥1 yr.		18			
NEW YORK	a	6 mos.		21		Good	
NORTH CAROLINA	a	1500 hrs.		18			
NORTH DAKOTA	a	1500 hrs.		18		Good	
OHIO	a						

TABLE VII-6

Page 2 of 2

PHARMACIST

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	EDUCATION	INTERNSHIP	APPRENTICE	AGE	STATE RESIDENCY	MORALS	U.S. CITIZENSHIP
OKLAHOMA	a	≥1 yr.				Good	
OREGON	a			18		Good	
PENNSYLVANIA	a	≥1500 hrs.		21		Good	
RHODE ISLAND	c			>18		Good	
SOUTH CAROLINA	a	1500 hrs.					
SOUTH DAKOTA	a	d		18		Good	
TENNESSEE	a	≥1500 hrs.		18			
TEXAS	a	≥1500 hrs.		18		Good	
UTAH	a	1500 hrs.		21		Good	
VERMONT	a	1500 hrs.		Majority		Good	
VIRGINIA	a	1000 hrs.		18		Good	
WASHINGTON	a	1500 hrs.		18		Good	
WEST VIRGINIA	a	9 mos.		18		Good	
WISCONSIN	a	d		18			
WYOMING	a	d		Majority		Good	Yes
D.C.	a	d		18		Good	
PUERTO RICO		≥1000 hrs.					

Source: HPLIS/Council of State Governments; May, 1987

Key:

a Graduate of school or college of pharmacy that is approved and accredited
b Graduate of school or college of pharmacy located outside the U.S.; must complete English test and foreign pharmacy equivalency exam, and 500 hours of practical experience
c Graduate in a five-year course of pharmacy
d Requirements as established by the Board
e Applicant cannot have a conviction that would have a direct bearing on his ability to practice competently

TABLE VII-7 Page 1 of 2

PHARMACIST

SCHEDULE OF FEES
(in dollars)

STATE	INITIAL LICENSE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
ALABAMA*							
ALASKA			50	200/4 yrs.	20		
ARIZONA			250	150/Bi			250
ARKANSAS	25		25	25	2		200
CALIFORNIA	100		110	100/Bi			
COLORADO*							
CONNECTICUT			25				50
DELAWARE		100		30/Bi		10	
FLORIDA			250	50/Bi			
GEORGIA		75	50	50/Bi		10	300
HAWAII			37.50	10/Bi	12		
IDAHO*							
ILLINOIS		25		25			100
INDIANA			100	50/Bi		10	150
IOWA	60			60/Bi		5	100
KANSAS			175	50		10	250
KENTUCKY		100		50/Bi		20	150
LOUISIANA			50	50/Bi		25	150
MAINE		100		30/An		20	150
MARYLAND		85		50/Bi			100
MASSACHUSETTS			25	10/Bi			50
MICHIGAN*							
MINNESOTA		75		35/Bi			150
MISSISSIPPI	70			70/Bi			70
MISSOURI*							
MONTANA			55	15/Bi			200
NEBRASKA		150		100/Bi		5	125
NEVADA	25		100	50/Bi			150
NEW HAMPSHIRE	15		70(a)	30		25	150
NEW JERSEY			35	15		5	50
NEW MEXICO	10		75	35		25/10	150
NEW YORK			100	90/Tri			65
NORTH CAROLINA		75		40			200
NORTH DAKOTA			35	150	35	25	150
OHIO*							

TABLE VII-7 Page 2 of 2

PHARMACIST

SCHEDULE OF FEES
(in dollars)

STATE	INITIAL LICENSE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
OKLAHOMA			20				50
OREGON	45		100	45		15	200
PENNSYLVANIA			60				75
RHODE ISLAND		100		25			100(b)
SOUTH CAROLINA	10		75	25		10	200
SOUTH DAKOTA			25				
TENNESSEE	30	100		30		15	200
TEXAS	50		100				250
UTAH	25						
VERMONT(c)*							
VIRGINIA		200		20		10	300
WASHINGTON	75		100	50		5	200
WEST VIRGINIA		125		30			125
WISCONSIN			50	57/Bi		5	50
WYOMING			50	50			
D.C.*							
PUERTO RICO	10		10			10	100

Source: HPLIS/Council of State Governments; May, 1987

Key:

*	Information was not available to HPLIS staff at the time of publication
An	Annual
Bi	Biennial
Tri	Triennial
a	Cost of exam materials not included
b	Plus investigation costs
c	Fees set by Secretary of State

TABLE VII-8

PHARMACIST

RECIPROCITY AND ENDORSEMENT

STATE	TYPE	CONDITIONS	CITATION
ALABAMA	Reciprocity	a,b,c,d	34-23-51
ALASKA	Endorsement	a	12 AAC 52.210
ARIZONA	Endorsement	a,b,e	ARS 32-1922(B)
ARKANSAS	Reciprocity	b	AS 72-1006
CALIFORNIA	None*		
COLORADO	Reciprocity	a,b,f	CRS 12-22-177
CONNECTICUT	None		
DELAWARE	Endorsement	a,b,g	Regulation III
FLORIDA	None*		
GEORGIA	Reciprocity	a,b	OCG 26-4-74
HAWAII	None*		
IDAHO	Reciprocity	b,d,h,i	IC C54-1723
ILLINOIS	Endorsement	b	111 IRS 4011
INDIANA	Endorsement	a,b,k	IC 25-26-13-12
IOWA	Reciprocity	b,h,k	Rule 620-5(1.47)
KANSAS	Reciprocity	a,b,d	KSA 65-1631
KENTUCKY	Reciprocity	a	KRS 315.210
LOUISIANA	Reciprocity	b,d	LRS 37:1181
MAINE	Reciprocity	b	
MARYLAND	Reciprocity	b	MCA 12-305
MASSACHUSETTS	Reciprocity	b,c	ALM 112-24
MICHIGAN	Reciprocity	b,c,h	R 338.475
MINNESOTA	Reciprocity	a,l	MS 151.12
MISSISSIPPI	Reciprocity	a,b,d,h	MCA 73-21-87
MISSOURI	Reciprocity	b	MS 338-040
MONTANA	Reciprocity	b	MCA 37-7-302
NEBRASKA	Reciprocity	m	
NEVADA	Reciprocity	b	NRS 639.215
NEW HAMPSHIRE	Endorsement	a,b	RSA 318:21
NEW JERSEY	Reciprocity	b	NJSA 45:14-8
NEW MEXICO	Reciprocity	b	NMSA 61-11-10
NEW YORK	Endorsement	a,d,n	Rule 59.6
NORTH CAROLINA	Reciprocity	b	Rule 1602
NORTH DAKOTA	Endorsement	b	NDCC 43-15-22
OHIO	None		
OKLAHOMA	Endorsement	b	OS 353.9
OREGON	Reciprocity	a,b,h,i	ORS 689.265

TABLE VII-8 Page 2 of 2

PHARMACIST

RECIPROCITY AND ENDORSEMENT

STATE	TYPE	CONDITIONS	CITATION
PENNSYLVANIA	Reciprocity	b,d	63 PS 390-3(5h)
RHODE ISLAND	Reciprocity	d	GLRI 5-19-11
SOUTH CAROLINA	Endorsement	b,j	GLSC 40-43-90
SOUTH DAKOTA	Endorsement	b	SDCL 35-11-19
TENNESSEE	Reciprocity	b,i	TCA 63-10-202
TEXAS	Reciprocity	a,b,d,h	TCSA 1628.22
UTAH**			
VERMONT	Endorsement	b	VSA 2042
VIRGINIA	Endorsement	a,b	Regulation 9
WASHINGTON	Reciprocity	a	RCW 18.64.086
WEST VIRGINIA	Reciprocity	b,h	WVC 30-5-6
WISCONSIN	Reciprocity	b	WSA 450.05
WYOMING	Reciprocity	b,d,g	33-24-134
D.C.	o	b	DC Code 2-3305.7
PUERTO RICO	Reciprocity	b,d	Art. 14 of Rules

Source: HPLIS/Council of State Governments; May, 1987

Key:

*	Must take exam
**	Information was not available to HPLIS staff at the time of publication
a	Passes state jurisprudence exam (exam on laws and regulations)
b	Equivalent standards
c	Applicant must appear for a personal interview
d	Good moral character
e	Applicant must be continuously and currently engaged in practice of pharmacy
f	Applicant cannot have failed state exam before
g	Applicant must have been in practice one out of the last five years or must take an exam prescribed by the Board
h	Good standing
i	Applicant must have been in practice at least one year or must satisfy internship requirements
j	Applicant must have been in practice at least one year or must pass theory exam
k	If applicant obtained original license after January 1, 1980, must pass NABP
l	Applicant must have been in practice at least one year; if in practice less than two years, the Board may require a practical exam
m	Applicant must have been licensed for one year in original state
n	Satisfactory professional experience of at least two years
o	Board may enter into reciprocity agreements or have endorsement

TABLE VII-9 Page 1 of 2

PHARMACIST

CONTINUING EDUCATION REQUIREMENTS

STATE	REQUIRED	EXTENT OF EDUCATION
ALABAMA	Yes	15 hrs. annually
ALASKA	Yes	15 hrs. annually
ARIZONA	Yes	30 hrs. annually
ARKANSAS	Yes	≤6 hrs. annually
CALIFORNIA	Yes	30 hrs. biennially
COLORADO	No	
CONNECTICUT	No	
DELAWARE	Yes	30 hrs. biennially
FLORIDA	Yes	15 hrs. annually
GEORGIA	Yes	30 hrs. biennially
HAWAII	No	
IDAHO	Yes	15 hrs. annually
ILLINOIS	Yes	30 hrs. biennially
INDIANA	Yes	30 hrs. biennially
IOWA	Yes	30 hrs. biennially
KANSAS	Yes	15 hrs. annually
KENTUCKY	Yes	15 hrs. annually
LOUISIANA	Yes	15 hrs. annually
MAINE	Yes	≤15 hrs. annually
MARYLAND	No	
MASSACHUSETTS	Yes	30 hrs. biennially
MICHIGAN	Yes	30 hrs. biennially
MINNESOTA	Yes	30 hrs. biennially
MISSISSIPPI	Yes	(a)
MISSOURI	Yes	10 hrs. annually
MONTANA	Yes	15 hrs. annually
NEBRASKA	Yes	30 hrs. biennially
NEVADA	Yes	30 hrs. biennially
NEW HAMPSHIRE	Yes	15 hrs. annually
NEW JERSEY	Yes	30 hrs. biennially
NEW MEXICO	Yes	15 hrs. annually
NEW YORK	No	
NORTH CAROLINA	Yes	10 hrs. annually
NORTH DAKOTA	Yes	30 hrs. biennially
OHIO	Yes	45 hrs. triennially

TABLE VII-9

Page 2 of 2

PHARMACIST

CONTINUING EDUCATION REQUIREMENTS

STATE	REQUIRED	EXTENT OF EDUCATION
OKLAHOMA	Yes	15 hrs. annually
OREGON	Yes	(b)
PENNSYLVANIA	No	(c)
RHODE ISLAND	Yes	15 hrs. annually
SOUTH CAROLINA	No	
SOUTH DAKOTA	Yes	≤12 hrs. annually
TENNESSEE	Yes	(d)
TEXAS	No	
UTAH	No	
VERMONT	No	
VIRGINIA	No	
WASHINGTON	Yes	15 hrs. annually
WEST VIRGINIA	No	
WISCONSIN	No	
WYOMING	No	
D.C.	No	
PUERTO RICO	Yes	35 hrs. triennially

Source: HPLIS/Council of State Governments; May, 1987

Key:

a Sixteen hours biennially up to end of 1987; 20 hours biennially thereafter
b Fifteen hours annually or satisfactorily pass an examination
c Continuing education requirements become effective in 1988
d Ten hours annually in 1987, 15 hours annually thereafter

CHAPTER VIII

STATE REGULATION OF PHARMACIST ASSISTANTS

PHARMACIST ASSISTANT

Only the State of Washington regulates pharmacist assistants, through a licensure program.

The profession is regulated by the Board of Pharmacy which consists of four pharmacists and one public member. The Board issues licenses, approves and accredits educational programs, and promulgates regulations. The Board also has the power to revoke or suspend a practitioner's license.

No examination is required for licensure. The applicant must be a high school graduate, and have completed an on-the-job training program. The applicant must also possess good moral character.

Continuing education is not a requirement for license renewal.

TABLE VIII-1: TYPE OF STATE REGULATION

STATE	TYPE	CITATION
WASHINGTON	Licensure	RCW 18.64A.040

TABLE VIII-2: ORGANIZATIONAL PATTERN OF STATE REGULATORY BOARDS

		NUMBER OF BOARD MEMBERS			
STATE	NAME OF BOARD/DEPARTMENT	PROF.	PUB.	OTHER	TOTAL
WASHINGTON	Board of Pharmacy	4	1		5

TABLE VIII-3: FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATIONAL PROGRAMS	PROMULGATE REGULATIONS
WASHINGTON	Board	Board	Board

Source: HPLIS/Council of State Governments; May, 1987

*Only the state of Washington regulates the occupation of Pharmacist Assistant

TABLE VIII-4: ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	SUSPEND	REVOKE	RESTRICT LICENSE	CENSURE	REPRIMAND	PROBATION	FINE
WASHINGTON	x	x					

TABLE VIII-5: EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL
WASHINGTON	(No examination is required)		

TABLE VIII-6: INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	EDUCATION	INTERNSHIP	APPRENTICE	AGE	STATE RESIDENCY	MORALS	U.S. CITIZENSHIP
WASHINGTON	a	b				Good	

Key:

a High school graduate
b On-the-job training program

Source: HPLIS/Council of State Governments; May, 1987

*Only the state of Washington regulates the occupation of Pharmacist Assistant

TABLE VIII-7: SCHEDULE OF FEES

STATE	INITIAL LICENSE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
WASHINGTON				$10			

TABLE VIII-8: RECIPROCITY AND ENDORSEMENT

STATE	TYPE	CONDITIONS	CITATION
WASHINGTON	None		

TABLE VIII-9: CONTINUING EDUCATION REQUIREMENTS

STATE	REQUIRED	EXTENT OF EDUCATION
WASHINGTON	No	

Source: HPLIS/Council of State Governments; May, 1987

*Only the state of Washington regulates the occupation of Pharmacist Assistant

CHAPTER IX

STATE REGULATION OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS

SPEECH-LANGUAGE PATHOLOGIST AND AUDIOLOGIST

Type of State Regulation

Thirty-seven states and Puerto Rico regulate the practice of speech-language pathology and audiology through licensure. (See Table IX-1).

Scope of Practice

The scope of practice of speech-language pathology and audiology is largely uniform throughout the United States. An example is taken from Georgia (OCG 609-4.01):

> The practice of audiology means:
>
> a. The application of principles, methods, and procedures of measurement, testing, appraisal, prediction, consultation, counseling, instruction, and research related to hearing and disorders of hearing for the purpose of modifying communicative disorders involving speech, language, auditory behavior, or other aberrant behavior related to hearing loss.
>
> b. The planning, directing, conducting, or participating in programs of identification, hearing conservation, habilitation, and rehabilitation, including hearing aid recommendation and evaluation procedures such as, but not limited to, specifying amplification requirements and evaluation of the results thereof, auditory training, and speech reading.
>
> The practice of speech-language pathology means:
>
> a. The application of principles, methods, and procedures for the measurement, testing, evaluation, prediction, counseling, instruction, habilitation, or rehabilitation related to the development and disorders of speech, voice, or language for the purpose of evaluating, preventing, ameliorating, or modifying such disorders and conditions in individuals or groups of individuals.

Composition of State Regulatory Bodies and Functions

Speech-language pathologists and audiologists are regulated by a diverse set of structures across the states. Thirty-four jurisdictions utilize a speech pathology and audiology board or committee. Maryland has separate boards for audiologists and speech pathologists. One jurisdiction utilizes the Department of Health Services, and another the State Board of Healing Arts. In all but one state, speech-language pathologists and audiologists constitute a majority of the board. Public members sit on the boards in 29 jurisdictions. For complete details on the composition of the boards, see Table IX-2.

The board or committee is the primary agency that issues licenses, approves and accredits educational programs, and promulgates rules and regulations, though in some jurisdictions the department handles these duties. (See Table IX-3).

All of the regulatory bodies have the power to revoke or suspend a practitioner's license. Nevada is the only state that utilizes the option of imposing a civil penalty. Other sanctions available are specified in Table IX-4.

Requirements for Licensure

All jurisdictions require a written examination before a license can be issued. This examination is prepared by the board or is a national exam like the National Examination in Speech-Language Pathology or Audiology (previously known as the National Teacher Examination in Speech Pathology or Audiology), an examination prepared by the Educational Testing Service. Fourteen jurisdictions may also require an oral or practical examination. (See Table IX-5).

Most jurisdictions require that the applicant possess at least a master's degree in speech pathology and audiology in order to receive a license. Most jurisdictions also require that the applicant complete an apprenticeship (usually of 275-300 hours) and/or have some professional experience (usually nine months). Six states have an age requirement and most jurisdictions require good moral character before issuing a license. For a more detailed discussion, see Table IX-6.

Interstate Recognition of Credentials

Six jurisdictions provide for reciprocity of out-of-state applicants, while 27 jurisdictions will endorse the license of an out-of-state practitioner. Four jurisdictions have no provisions for reciprocity or endorsement. For a detailed discussion of conditions for reciprocity and endorsement, see Table IX-8.

Continuing Education Requirements

Sixteen jurisdictions require continuing education. As Table IX-9 indicates, the extent of continuing education credits required as a prerequisite to license renewal varies considerably from state to state.

Fee Schedule

Fee levels for seven types of fees are shown in Table IX-7.

TABLE IX-1 Page 1 of 2

SPEECH-LANGUAGE PATHOLOGIST AND AUDIOLOGIST

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
ALABAMA	Licensure	CA 34-28A-20
ALASKA	Licensure*	
ARKANSAS	Licensure	Sec. 14 of Act
CALIFORNIA	Licensure	Bus. & Prof. Code 2532
CONNECTICUT	Licensure	CGS 20-410
DELAWARE	Licensure	DCA 3703
FLORIDA	Licensure	FS 468.142
GEORGIA	Licensure	OCG 43-44-7
HAWAII	Licensure	HRS 468E-8
INDIANA	Licensure	IC 25-35-6-1-3
IOWA	Licensure	IC 470-155.3(1)
KENTUCKY	Licensure	KRS 334A.030
LOUISIANA	Licensure	RS 37:2652
MAINE	Licensure	32 MRSA 6020
MARYLAND	Licensure	ACM 2-301
MASSACHUSETTS	Licensure	ALM 138
MISSISSIPPI	Licensure	MCA 73-38-5
MISSOURI	Licensure	RSMo 345.020
MONTANA	Licensure	MCA 37-15-301
NEBRASKA	Licensure	RSN 71-1,188
NEVADA	Licensure	NRS 637B.160
NEW JERSEY	Licensure	NJSA 45:388
NEW MEXICO	Licensure	NMSA 61-14B-5
NEW YORK	Licensure	Sec. 8200
NORTH CAROLINA	Licensure	GSNC 90-294
NORTH DAKOTA	Licensure	NDCC 43-37-03
OHIO	Licensure	ORCA 4753.02
OKLAHOMA	Licensure	OS 1604
OREGON	Licensure	ORS 681.250
PENNSYLVANIA	Licensure	Sec. 6 of Act
RHODE ISLAND	Licensure	GLRI 5-48-6
SOUTH CAROLINA	Licensure	GLSC 40-67-40
TENNESSEE	Licensure	TCA 63-1710
TEXAS	Licensure	Art. 4512J Sec. 8
UTAH	Licensure	UCA 58-41-3

SPEECH-LANGUAGE PATHOLOGIST AND AUDIOLOGIST

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
VIRGINIA	Licensure	VC 54-83:1:011
WYOMING	Licensure	WS 33-33-103
PUERTO RICO	Licensure	Sec. 7

Source: HPLIS/Council of State Governments; May, 1987

Key:

* Licenses audiologists but not speech-language pathologists. Citation information was not available to HPLIS staff at the time of publication.

TABLE IX-2 Page 1 of 2

SPEECH-LANGUAGE PATHOLOGIST AND AUDIOLOGIST

ORGANIZATIONAL PATTERN OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS			
		PROF.	PUB.	OTHER	TOTAL
ALABAMA	Bd. of Exam. for Sp. Path. & Aud.	6	1		7
ALASKA	Dept. of Commerce & Economic Dev.	*	*	*	*
ARKANSAS	Bd. of Exam. in Sp. Path. & Aud.	5	2		7
CALIFORNIA	Speech Path. & Aud. Exam. Cmte.	6	3		9
CONNECTICUT	Department of Health Services	*	*	*	*
DELAWARE	Board of Audiology, Speech Pathology, & Hearing Aid Dealers	4	1	2(a)	7
FLORIDA	Dept. of Professional Regulation, St. Advisory Council of SLP & Aud.	5	2		7
GEORGIA	St. Bd. of Exam. for Sp. Path. & Aud.	5	1	1(b)	7
HAWAII	Bd. of Speech Path. & Audiology	4	2	1(c)	7
INDIANA	St. Bd. of Exam on Sp. Path. & Aud.	5	1		6
IOWA	Bd. of Speech Path. & Aud. Exam.	5	2		7
KENTUCKY	Bd. of Speech Path. & Audiology	6	1	1(b)	8
LOUISIANA	Bd. of Exam. of Speech Path. & Aud.	4		2(d)	6
MAINE	Bd. of Exam. on Speech Path. & Aud.	4	1	2(e)	7
MARYLAND	St. Bd. of Exam. for Speech Path.(f)	5	1		6
	St. Bd. of Exam. for Audiologists(f)	5	1		6
MASSACHUSETTS	Bd. of Registration for SLP & Aud.	4	1		5
MISSISSIPPI	Council of Adv. in Sp. Path. & Aud.	4		1(e)	5
MISSOURI	State Board of Healing Arts		1	7(g)	8
MONTANA	Bd. of Speech Path. & Audiology	4	1		5
NEBRASKA	Bd. of Exam. in Aud. & Speech Path.	4	1		5
NEVADA	Bd. of Exam. for Aud. & Speech Path.	3	1	1(c)	5
NEW JERSEY	Audiology & SLP Advisory Cmte.	4	2	3(h)	9
NEW MEXICO	SLP & Audiology Advisory Bd.	4	1		5
NEW YORK	St. Bd. for SLP & Audiology	7			7
NORTH CAROLINA	Bd. of Exam. for SLP & Audiology	4	2	1(e)	7
NORTH DAKOTA	Bd. of Exam. on Aud. & Speech Path.	4	1	2(i)	7
OHIO	Bd. of Speech Path. & Audiology	4	1		5
OKLAHOMA	Bd. of Exam. for Speech Path. & Aud.	3	1	1(b)	5
OREGON	St. Bd. of Exam. for Sp. Path. & Aud.	6		1(c)	7
PENNSYLVANIA	St. Bd. of Exam. in Sp.-Lang. & Hrg.	5	2	3(j)	10

TABLE IX-2 Page 2 of 2

SPEECH-LANGUAGE PATHOLOGIST AND AUDIOLOGIST

ORGANIZATIONAL PATTERN OF STATE REGULATORY BOARDS

		NUMBER OF BOARD MEMBERS			
STATE	NAME OF BOARD/DEPARTMENT	PROF.	PUB.	OTHER	TOTAL
RHODE ISLAND	Bd. of Exam. in Speech Path. & Aud.	3	1	1(b)	5
SOUTH CAROLINA	St. Bd. of Exam. in Sp. Path. & Aud.	4	1	2(i)	7
TENNESSEE	Bd. of Exam. of Speech Path. & Aud.	5		1(e)	6
TEXAS	Cmte. of Exam. for Sp. Path. & Aud.	6	3		9
UTAH	Speech Pathology & Audiology Board	4	1		5
VIRGINIA	Bd. of Exam. for Aud. & Speech Path.	4	2	1(b)	7
WYOMING	Bd. of Exam. of Speech Path. & Aud.	3	1	1(e)	5
PUERTO RICO	Exam. Board of Speech Path. & Aud.	5			5

Source: HPLIS/Council of State Governments; May, 1987

Key:

*	Information was not available to HPLIS staff at the time of publication
a	Two members shall be hearing aid dealers
b	An otolaryngologist
c	One member shall be a person licensed to practice medicine, who also holds board certification from the American Board of Otolaryngology
d	One member shall be a physician; one member shall be a teacher certified by the State Board of Elementary and Secondary Education as a teacher of the speech defective and hard of hearing
e	A licensed physician
f	There is a separate board for audiologists and speech pathologists. Each board has six members. The Board of Audiologists has three audiologists and one pathologist. The Board of Pathologists has three pathologists and one audiologist
g	Six medical doctors and one doctor of osteopathy
h	Two members shall be persons who are licensed to practice medicine and surgery (one shall be a diplomate of the American Board of Otolaryngology and the other shall be a diplomate of the American Osteopathic Board of Otolaryngology); one member shall be a state representative
i	One otolaryngologist; one hearing aid dealer
j	Two physicians, one of whom is an otolaryngologist, and the Commissioner of Professional and Occupational Affairs

TABLE IX-3

Page 1 of 2

SPEECH-LANGUAGE PATHOLOGIST AND AUDIOLOGIST

FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATIONAL PROGRAMS	PROMULGATE REGULATIONS
ALABAMA	Board	Board	Board
ALASKA	Department	Department	Department
ARKANSAS	Board	Board	Board
CALIFORNIA	Committee	Committee	Committee
CONNECTICUT	Commissioner	Commissioner	Commissioner
DELAWARE	Board	Board	Board
FLORIDA	Department	Department	Department
GEORGIA	Board	Board	Board
HAWAII	Board	Board	Board
INDIANA	Board	Board	Board
IOWA	Department	Board	Board
KENTUCKY	Board	Board	Board
LOUISIANA	Board	Board	Board
MAINE	Board	Board	Board
MARYLAND	Board	Board	Board
MASSACHUSETTS	Board	Board	Board
MISSISSIPPI	Board	Board	Board
MISSOURI	Committee	Committee	Committee
MONTANA	Board	Board	Board
NEBRASKA	Board	Board	Board
NEVADA	Board	Board	Board
NEW JERSEY	Committee	Committee	Committee
NEW MEXICO	Department	Department	Department
NEW YORK	Department	Department	Department
NORTH CAROLINA	Board	Board	Board
NORTH DAKOTA	Board	Board	Board
OHIO	Board	Board	Board
OKLAHOMA	Board	Board	Board
OREGON	Board	Board	Board
PENNSYLVANIA	Board	Board	Board
RHODE ISLAND	Board	Board	Board
SOUTH CAROLINA	Board	Board	Board
TENNESSEE	Board	Board	Board
TEXAS	Committee	a	Committee
UTAH	Division	Board	Board

SPEECH-LANGUAGE PATHOLOGIST AND AUDIOLOGIST

FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATIONAL PROGRAMS	PROMULGATE REGULATIONS
VIRGINIA	Department	Board	Board
WYOMING	Board	Board	Board
PUERTO RICO	Board	Board	Board

Source: HPLIS/Council of State Governments; May, 1987

Key:

a Educational Standards Board of the American Speech-Language-Hearing Association

TABLE IX-4

Page 1 of 2

SPEECH-LANGUAGE PATHOLOGIST AND AUDIOLOGIST

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	SUS-PEND	RE-VOKE	RESTRICT LICENSE	CEN-SURE	REPRI-MAND	PROBA-TION	FINE
ALABAMA	x	x			x		
ALASKA	x	x	x	x	x	x	
ARKANSAS	x	x					
CALIFORNIA	x	x					
CONNECTICUT	x	x					
DELAWARE	x	x					
FLORIDA	x	x					
GEORGIA	x	x			x		
HAWAII	x	x				x	
INDIANA	x	x					
IOWA	x	x					
KENTUCKY	x	x					
LOUISIANA	x	x					
MAINE	x	x					
MARYLAND	x	x			x		
MASSACHUSETTS							
MISSISSIPPI	x	x					
MISSOURI	x	x		x		x	
MONTANA	x	x					
NEBRASKA	x	x					
NEVADA	x	x			x		a
NEW JERSEY	x	x					
NEW MEXICO	x	x				x	
NEW YORK	x	x					
NORTH CAROLINA	x	x					
NORTH DAKOTA	x	x					
OHIO	x	x					
OKLAHOMA	x	x					
OREGON	x	x					
PENNSYLVANIA	x	x					
RHODE ISLAND	x	x					
SOUTH CAROLINA	x	x					
TENNESSEE	x	x				x	
TEXAS	x	x					
UTAH	x	x		x			

TABLE IX-4 Page 2 of 2

SPEECH-LANGUAGE PATHOLOGIST AND AUDIOLOGIST

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	SUS-PEND	RE-VOKE	RESTRICT LICENSE	CEN-SURE	REPRI-MAND	PROBA-TION	FINE
VIRGINIA	x	x					
WYOMING	x	x					
PUERTO RICO	x	x					

Source: HPLIS/Council of State Governments; May, 1987

Key:

a Impose a civil penalty not to exceed $1,000

TABLE IX-5

SPEECH-LANGUAGE PATHOLOGIST AND AUDIOLOGIST

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL
ALABAMA	a		
ALASKA	a		
ARKANSAS	b		
CALIFORNIA	b	May	
CONNECTICUT	a		
DELAWARE	a	May	
FLORIDA	a		
GEORGIA	a		
HAWAII	a	May	
INDIANA	a		
IOWA	c		
KENTUCKY	a	May	
LOUISIANA	a	May	
MAINE	b		
MARYLAND	a	May	
MASSACHUSETTS	a		
MISSISSIPPI	b		
MISSOURI	a	May	
MONTANA	a	May	
NEBRASKA	b		
NEVADA	a		
NEW JERSEY	b		
NEW MEXICO	a		
NEW YORK	d		
NORTH CAROLINA	a	May	
NORTH DAKOTA	a		
OHIO	b		
OKLAHOMA	a		
OREGON	a	May	
PENNSYLVANIA	a		
RHODE ISLAND	a		
SOUTH CAROLINA	b	May	
TENNESSEE	a	May	
TEXAS	a	May	
UTAH	a		a

TABLE IX-5

SPEECH-LANGUAGE PATHOLOGIST AND AUDIOLOGIST

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL
VIRGINIA	a		
WYOMING	a	May	
PUERTO RICO	a		

Source: HPLIS/Council of State Governments; May, 1987

Key:

a	An exam approved by the Board
b	National Examination in Speech-Language Pathology or Audiology (NESPA), previously known as the National Teacher Examination in Speech Pathology or Audiology
c	National Teacher Examination in Speech Pathology or Audiology
d	Uniform exam in speech pathology or audiology prepared by the Educational Testing Service

TABLE IX-6 Page 1 of 2

SPEECH-LANGUAGE PATHOLOGIST AND AUDIOLOGIST

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	EDUCATION	INTERNSHIP*	APPRENTICE	AGE	STATE RESIDENCY	MORALS	U.S. CITIZENSHIP
ALABAMA	a	≥9 mos.	≥300 hrs.			Good	
ALASKA	b	1 yr.	c	18			
ARKANSAS	b	≥9 mos.	300 hrs.			Good	
CALIFORNIA	b	≥9 mos.	300 hrs.				
CONNECTICUT	b	9 mos.	300 hrs.			Good	
DELAWARE	b	9 mos.	275 hrs.				
FLORIDA	a	9 mos.	275 hrs.			Good	
GEORGIA	d	9 mos.	300 hrs.				
HAWAII	b	c	c			Good	Yes
INDIANA	b	≥9 mos.	≥300 hrs.			e	Yes
IOWA	b	9 mos.	300 hrs.				
KENTUCKY	b	9 mos.	275 hrs.			Good	Yes
LOUISIANA	b	9 mos.	300 hrs.			Good	
MAINE	b	9 mos.	275 hrs.				
MARYLAND	b	f	f			Good	
MASSACHUSETTS	b	c	c				
MISSISSIPPI	b	9 mos.	300 hrs.			Good	
MISSOURI	b	9 mos.	≥275 hrs.			Good	
MONTANA	c	c	c				
NEBRASKA	b	≥9 mos.	300 hrs.				
NEVADA	b		≥300 hrs.	>21		Good	Yes
NEW JERSEY	b	f	f				
NEW MEXICO	c	c	c	Majority			
NEW YORK	b	g		21		Good	
NORTH CAROLINA	b	9 mos.	≥300 hrs.				
NORTH DAKOTA	b	h	h			Good	
OHIO	d	9 mos.	300 hrs.				
OKLAHOMA	b	9 mos.	275 hrs.			Good	
OREGON	b	9 mos.	275 hrs.			Good	
PENNSYLVANIA	b	1 yr.					
RHODE ISLAND	a	9 mos.	275 hrs.			Good	
SOUTH CAROLINA	b	9 mos.	275 hrs.			Good	
TENNESSEE	b	9 mos.	≥275 hrs.	18		Good	
TEXAS	b	9 mos.	≥300 hrs.				
UTAH	b	1 yr.				Good	Yes

TABLE IX-6

Page 1 of 2

SPEECH-LANGUAGE PATHOLOGIST AND AUDIOLOGIST

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	EDUCATION	INTERNSHIP*	APPRENTICE	AGE	STATE RESIDENCY	MORALS	U.S. CITIZENSHIP
VIRGINIA	a		300 hrs.				
WYOMING	b	h	h				
PUERTO RICO	b			>18	i	Good	

Source: HPLIS/Council of State Governments; May, 1987

Key:

*	Internship means professional experience
a	Completion of 60 hours of a well-integrated program and completion of academic requirements
b	Possess at least a master's degree in speech pathology or audiology
c	Meet requirements of the American Speech-Language-Hearing Association
d	Hold at least a baccalaureate degree in speech pathology or audiology
e	Not convicted of a felony that has a direct bearing on ability to practice competently
f	The requirements shall not be substantively inconsistent with currently recognized professional standards
g	The applicant must have completed a minimum of one year of supervised experience in Speech Language Pathology satisfactory to the Board
h	An amount to be determined by the Board
i	Resided in Puerto Rico the last six months

TABLE IX-7 Page 1 of 2

SPEECH-LANGUAGE PATHOLOGIST AND AUDIOLOGIST

SCHEDULE OF FEES
(in dollars)

STATE	INITIAL LICENSE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
ALABAMA	50	50	25	50/An			
ALASKA*							
ARKANSAS	40	25	<50	25/An		10	40
CALIFORNIA		85		50/Bi		10	
CONNECTICUT		25(a)		15/An		5	
DELAWARE		25	25	10/An		5	
FLORIDA		25		25/Bi			
GEORGIA	40	30		40/Bi			
HAWAII	25	10		Bi			
INDIANA*				Bi			
IOWA	80	25		80/Bi	40	10	
KENTUCKY	50	25	25	25/An			
LOUISIANA	50			55/An			
MAINE	40	25		80/Bi	40		
MARYLAND*							
MASSACHUSETTS*							
MISSISSIPPI	25	25		25	25		
MISSOURI	50			25/An			50
MONTANA	25	40					
NEBRASKA	75			25/Bi	10	10	
NEVADA		50		25/An			
NEW JERSEY	100	10		Bi			
NEW MEXICO	<50			<50/An			
NEW YORK		155	80	90/Tri			65
NORTH CAROLINA	25	25	25	25/An	25		
NORTH DAKOTA*							
OHIO	100		<50	<50/An			
OKLAHOMA		50		25/An		10	
OREGON	25	25	25	25/An			
PENNSYLVANIA*				Bi			
RHODE ISLAND	5	25		5/An			
SOUTH CAROLINA	35	35		35/An		10	
TENNESSEE	100	50	25	≤100/An			
TEXAS	15	25		15/An		10	
UTAH*				Bi			

TABLE IX-7

Page 2 of 2

SPEECH-LANGUAGE PATHOLOGIST AND AUDIOLOGIST

SCHEDULE OF FEES
(in dollars)

STATE	INITIAL LICENSE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
VIRGINIA		70		40/Bi			
WYOMING	50	25		25/An			25
PUERTO RICO	25		25	25		20	50

Source: HPLIS/Council of State Governments; May, 1987

Key:

*	Information was not available to HPLIS staff at the time of publication
An	Annual
Bi	Biennial
Tri	Triennial
a	$25 each for license as a pathologist or audiologist ($50 combined)

TABLE IX-8

Page 1 of 2

SPEECH-LANGUAGE PATHOLOGIST AND AUDIOLOGIST

RECIPROCITY AND ENDORSEMENT

STATE	TYPE	CONDITIONS	CITATION
ALABAMA	None		
ALASKA	Reciprocity	a	Sec. 08.11.020(b)(1)
ARKANSAS	Reciprocity	a	Sec. 13(b) of Act
CALIFORNIA	None		
CONNECTICUT	Endorsement	a	CGS 20-411
DELAWARE	Endorsement	a	DCA 3706
FLORIDA	Endorsement	a	KS 468.145
GEORGIA	Endorsement	a	OCG 43-44-9
HAWAII	Endorsement	a	HRS 468E-11
INDIANA	Endorsement	a	880 IAC 1-1-3
IOWA	Endorsement	a,b	IC 470-155.5(1)
KENTUCKY	Endorsement	a	KRS 334A.060
LOUISIANA	Endorsement	a	RS 37:2660
MAINE	Endorsement	a	32 MRSA 6023
MARYLAND	Endorsement	a	ACM 19-305
MASSACHUSETTS*			
MISSISSIPPI	Endorsement	a	MCA 73-38-23
MISSOURI	Endorsement	a	RSMo 345.050
MONTANA	Endorsement	a	MCA 37-15-305
NEBRASKA	Reciprocity		RSN 71-1,192
NEVADA	Endorsement	a	NRS 637B.190
NEW JERSEY	Reciprocity	a	NJSA 45:3B-13
NEW MEXICO	Endorsement	a	NMSA 61-14B-8
NEW YORK	None		
NORTH CAROLINA	Endorsement	a,c	GSNC 90-297
NORTH DAKOTA	Endorsement	a	NDCC 43-37-11
OHIO	Endorsement	a	ORCA 4753.08
OKLAHOMA	Endorsement	a	OS 1606
OREGON	Endorsement	a	ORS 681.300
PENNSYLVANIA	Endorsement	a	Sec. 7 of Act
RHODE ISLAND	Endorsement	a	GLRI 5-48-9
SOUTH CAROLINA	Endorsement	a	GLSC 40-67-70
TENNESSEE	Endorsement	a	TCA 1370-1-04
TEXAS	Reciprocity	a	TCSA 3741.144
UTAH	None		

TABLE IX-8

SPEECH-LANGUAGE PATHOLOGIST AND AUDIOLOGIST

RECIPROCITY AND ENDORSEMENT

STATE	TYPE	CONDITIONS	CITATION
VIRGINIA	Endorsement	a	Reg. 1.2.1
WYOMING	Endorsement	a	WS 33-33-303
PUERTO RICO	Reciprocity	a	Sec. 19

Source: HPLIS/Council of State Governments; May, 1987

Key:

* Information was not available to HPLIS staff at the time of publication
a Equivalent standards
b Good moral character
c In good standing

TABLE IX-9

SPEECH-LANGUAGE PATHOLOGIST AND AUDIOLOGIST

CONTINUING EDUCATION REQUIREMENTS

STATE	REQUIRED	EXTENT OF EDUCATION
ALABAMA	No	
ALASKA	No	
ARKANSAS	a	
CALIFORNIA	No	
CONNECTICUT	No	
DELAWARE	Yes	*
FLORIDA	Yes	10 hrs. annually
GEORGIA	Yes	40 hrs. biennially
HAWAII	No	
INDIANA	Yes	36 hrs. biennially
IOWA	Yes	30 hrs. biennially
KENTUCKY	Yes	15 hrs. annually
LOUISIANA	a	
MAINE	Yes	65 hrs. biennially
MARYLAND	Yes	10 hrs.
MASSACHUSETTS	a	
MISSISSIPPI	Yes	10 hrs.
MISSOURI	No	
MONTANA	Yes	40 hrs. annually
NEBRASKA	Yes	20 hrs. biennially
NEVADA	Yes	15 hrs. annually
NEW JERSEY	a	b
NEW MEXICO	Yes	20 hrs. biennially
NEW YORK	No	
NORTH CAROLINA	No	
NORTH DAKOTA	Yes	6 hrs. annually
OHIO	No	
OKLAHOMA	No	
OREGON	No	
PENNSYLVANIA	a	
RHODE ISLAND	No	
SOUTH CAROLINA	No	
TENNESSEE	No	
TEXAS	Yes	10 hrs. annually
UTAH	Yes	$\geq$30 hrs./5 years

TABLE IX-9

SPEECH-LANGUAGE PATHOLOGIST AND AUDIOLOGIST

CONTINUING EDUCATION REQUIREMENTS

STATE	REQUIRED	EXTENT OF EDUCATION
VIRGINIA	No	
WYOMING	No	
PUERTO RICO	No	

Source: HPLIS/Council of State Governments; May, 1987

Key:

* Information was not available to HPLIS staff at the time of publication
a Continued competency may be a requirement for license renewal and/or Board is empowered to establish eligibility standards for license renewal
b An amount determined by the Board

CHAPTER X

STATE REGULATION OF VETERINARIANS

VETERINARIAN

Type of State Regulation

Every state, and the District of Columbia and Puerto Rico, regulate veterinarians through licensure. (See Table X-1).

Scope of Practice

The scope of practice of a veterinarian is largely uniform throughout the United States. An example of a veterinary scope of practice is taken from California (Bus. & Prof. Code 4826):

> Practice of Veterinary Medicine shall mean:
>
> a. The practice of veterinary medicine, veterinary surgery, or veterinary dentistry in any of its branches.
>
> b. To diagnose or prescribe a drug, medicine, appliance or application or treatment of whatever nature for the prevention, cure or relief of a wound, fracture, bodily injury or disease of animals.
>
> c. The performance of a surgical or dental operation upon an animal.
>
> d. The performance of a manual procedure for the diagnosis of pregnancy, sterility, or infertility upon livestock.

Composition of State Regulatory Bodies and Functions

Every jurisdiction utilizes a veterinary board or commission to regulate the profession. In every jurisdiction, veterinarians comprise a majority of the board, and public members sit on boards in 35 jurisdictions. For complete details on the composition of the boards, see Table X-2.

In all but three states, the board has primary responsibility for issuing the licenses and promulgating rules and regulations. In the large majority of the states, the board will also approve or accredit educational programs. (See Table X-3).

All of the regulatory bodies have the power to revoke or suspend a practitioner's license. Approximately 32 percent of the state boards are also allowed to restrict practice, reprimand, probate or fine a practitioner. Other available sanctions are specified in Table X-4.

Requirements for Licensure

All jurisdictions require a written examination prepared either by the board or an outside organization. Thirty-four jurisdictions require a practical examination and some jurisdictions require both a practical and an oral examination. (See Table X-5).

Most jurisdictions require that the applicant be a graduate of a college of veterinary medicine that is approved and accredited. Most require that the applicant be of good moral character and meet a minimum age requirement. Seventeen states require the applicant to be a U.S. citizen. (See Table X-6).

Interstate Recognition of Credentials

Fifteen jurisdictions provide for reciprocity while eight jurisdictions will endorse the license of an out-of-state practitioner. Twenty-five states do not provide for reciprocity or endorsement.

Continuing Education Requirements

Twenty-nine jurisdictions require continuing education. Table X-9 shows the extent of continuing education credits required as a prerequisite to license renewal.

Fee Schedule

Fee levels for six types of fees are shown in Table X-7.

TABLE X-1 Page 1 of 2

VETERINARIAN

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
ALABAMA	Licensure	AC 86-500
ALASKA	Licensure	AS Sec. 08.98.120
ARIZONA	Licensure	ARS 32-2201
ARKANSAS	Licensure	AS 72-1136
CALIFORNIA	Licensure	Bus. & Prof. Code 4846
COLORADO	Licensure	CRS 12-64-104
CONNECTICUT	Licensure	CGS Sec. 20-197
DELAWARE	Licensure	DCA 3303
FLORIDA	Licensure	FS 474.202
GEORGIA	Licensure	OCG 43-50-22
HAWAII	Licensure	HRS 471-2
IDAHO	Licensure	IC 54-2103
ILLINOIS	Licensure	111 IRS PA 83-1016 Sec. 1
INDIANA	Licensure	IC 15-51.1-9
IOWA	Licensure	IC 169.4
KANSAS	Licensure	KSA 47-817
KENTUCKY	Licensure	KRS 321.190
LOUISIANA	Licensure	RS 37: 1513
MAINE	Licensure	32 MRSA 4860
MARYLAND	Licensure	ACM 2-301
MASSACHUSETTS	Licensure	ALM 55
MICHIGAN	Licensure	R 338.4905
MINNESOTA	Licensure	MS 156.02
MISSISSIPPI	Licensure	MCA 73-39-2
MISSOURI	Licensure	RSMo 340.020
MONTANA	Licensure	MCA 37-18-301
NEBRASKA	Licensure	RS 71-1, 154-5
NEVADA	Licensure	NRS 638.001
NEW HAMPSHIRE	Licensure	NHRSA 332-B:2
NEW JERSEY	Licensure	RS 45:16-1.1
NEW MEXICO	Licensure	NMSA 61-14-2
NEW YORK	Licensure	CLNYA 135-62
NORTH CAROLINA	Licensure	GSNC 90-179
NORTH DAKOTA	Licensure	NDCC 43-29-07
OHIO	Licensure	ORCA Sec. 4741.01

TABLE X-1

VETERINARIAN

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
OKLAHOMA	Licensure	59 OS 698.1
OREGON	Licensure	ORS 686.020
PENNSYLVANIA	Licensure	49 PA HB 1646 Sec. 1-5
RHODE ISLAND	Licensure	GLRI 5-25-10
SOUTH CAROLINA	Licensure	CLSC 40-69-80
SOUTH DAKOTA	Licensure	SDLA 36-12-1
TENNESSEE	Licensure	TCA 63-12-112
TEXAS	Licensure	Art. 7465a Sec. 5
UTAH	Licensure	UCA 58-28-1
VERMONT	Licensure	VSA 2401-4
VIRGINIA	Licensure	CV 54-776
WASHINGTON	Licensure	RCW 18.92.050
WEST VIRGINIA	Licensure	WVC 30-10-2
WISCONSIN	Licensure	WSA 453.02
WYOMING	Licensure	WS 33-30-203
D.C.	Licensure	DC 2-2723
PUERTO RICO	Licensure	LPRA 591-598

Source: HPLIS/Council of State Governments; May, 1987

TABLE X-2

Page 1 of 2

VETERINARIAN

ORGANIZATIONAL PATTERN OF STATE REGULATORY BOARDS

		NUMBER OF BOARD MEMBERS			
STATE	NAME OF BOARD/DEPARTMENT	PROF.	PUB.	OTHER	TOTAL
ALABAMA	AL St. Bd. of Vet. Med. Exam.	5			5
ALASKA	Board of Veterinary Examiners, St. Dept. of Commerce & Econ. Dev.	4	1		5
ARIZONA	AZ St. Vet. Med. Examining Bds.	5	2		7
ARKANSAS	Veterinary Medical Examining Bd.	4		1(a)	5
CALIFORNIA	State Board of Vet. Examiners, Dept. of Consumer Affairs	4	2		6
COLORADO	Board of Veterinary Medicine	5			5
CONNECTICUT	Board of Vet. Registration & Exam.	3	2		5
DELAWARE	St. Board of Veterinary Medicine	3	2		5
FLORIDA	Board of Veterinary Medicine, Dept. of Prof. Regulation	5	2		7
GEORGIA	St. Board of Veterinary Medicine	5	1		6
HAWAII	Board of Vet. Exam. of the State	5	2		7
IDAHO	St. Board of Veterinary Medicine	4			4
ILLINOIS	Vet. Licensing & Discip. Board, Dept. of Registration & Educ.	6	1		7
INDIANA	IN Board of Vet. Med. Examiners	5	1		6
IOWA	IA Bd. of Vet. Med., Dept. of Agri.	3	2		5
KANSAS	Board of Veterinary Examiners	4	1		5
KENTUCKY	KY Board of Veterinary Examiners	4	1		5
LOUISIANA	LA Board of Veterinary Medicine, Dept. of Health & Human Resources	5			5
MAINE	St. Board of Veterinary Medicine	5	1		
MARYLAND	MD Board of Vet. Med. Examiners	5	2		7
MASSACHUSETTS	Bd. of Registration in Vet. Med.	4	1		5
MICHIGAN	Board of Veterinary Medicine, Dept. of Licensing & Regulation	5	2	1(b)	8
MINNESOTA	Veterinary Medicine Examining Bd.	5			5
MISSISSIPPI	MS Board of Veterinary Medicine	5			5
MISSOURI	MO Veterinary Medical Board	4	1		5
MONTANA	Board of Veterinarians, Dept. of Commerce	5	1		6
NEBRASKA	St. Bd. of Examiners in Veterinary Med. & Surgery, Dept. of Health	3	1		4
NEVADA	NV St. Bd. of Vet. Med. Examiners	6	1		7
NEW HAMPSHIRE	Board of Veterinary Medicine	5	1		6
NEW JERSEY	St. Bd. of Vet. Med. Examiners	5		c	≥5

TABLE X-2

VETERINARIAN

ORGANIZATIONAL PATTERN OF STATE REGULATORY BOARDS

		NUMBER OF BOARD MEMBERS			
STATE	NAME OF BOARD/DEPARTMENT	PROF.	PUB.	OTHER	TOTAL
NEW MEXICO	NM Bd. of Vet. Med. Examiners	5	1		6
NEW YORK	NY St. Bd. of Vet. Med. Examiners	11	3	2(b)	16
NORTH CAROLINA	NC Veterinary Medicine Board	6	1		7
NORTH DAKOTA	St. Bd. of Vet. Med. Examiners	3			3
OHIO	St. Veterinary Medical Board	5			5
OKLAHOMA	St. Bd. of Vet. Med. Examiners	5			5
OREGON	OR St. Vet. Med. Examiners Bd.	5			5
PENNSYLVANIA	PA St. Bd. of Veterinary Med., Dept. of St. Bd. of Vet. Med.	5	2	2(d)	9
RHODE ISLAND	Bd. of Vet. Med., RI Dept. of Health, Div. of Prof. Reg.	5	1		6
SOUTH CAROLINA	SC Bd. of Vet. Med. Examiners	7	1		8
SOUTH DAKOTA	SD Bd. of Vet. Med. Examiners	3			3
TENNESSEE	Board of Vet. Med. Examiners, Dept. of Prof. Regulation	5			5
TEXAS	St. Bd. of Vet. Med. Examiners	7	2		9
UTAH	Veterinary Board	4	1		5
VERMONT	State Veterinary Board	4	2		6
VIRGINIA	VA Board of Veterinary Medicine	5			5
WASHINGTON	WA St. Vet. Board of Governors	5	1		6
WEST VIRGINIA	WV Board of Veterinary Medicine	5			5
WISCONSIN	Veterinary Examining Board, Dept. of Regulation & Licensing	5	1		6
WYOMING	Board of Veterinary Medicine	5			5
D.C.	Board of Veterinary Examiners	5	2		7
PUERTO RICO	Bd. of Vet. Exam. of P.R., Dept. of Health of the Commonwealth of P.R.	4	1		5

Source: HPLIS/Council of State Governments; May, 1987

Key:

a Livestock producer
b Animal health technicians
c Includes any members who may be required by P.L. 1971
d One Commissioner of Professional and Occupational Affairs; one certified as an animal health technician

TABLE X-3

VETERINARIAN

FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATIONAL PROGRAMS	PROMULGATE REGULATIONS
ALABAMA	Board	Board	Board
ALASKA	Department	Board	Department
ARIZONA	Board	Board	Board
ARKANSAS	Board	Board	Board
CALIFORNIA	Board	Board	Board
COLORADO	Board	Board	Board
CONNECTICUT	Board	Department	Board
DELAWARE	Board	Board	Board
FLORIDA	Department	Board	Board
GEORGIA	Board	Board	Board
HAWAII	Board	Board	Board
IDAHO	Board	Board	Board
ILLINOIS	Board	Department	Board
INDIANA	Board	Board	Board
IOWA	Board	Board	Board
KANSAS	Board	Board	Board
KENTUCKY	Board	Board	Board
LOUISIANA	Board	Board	Board
MAINE	Board	Board	Board
MARYLAND	Board	Board	Board
MASSACHUSETTS	Board	Board	Board
MICHIGAN	Board	Board	Board
MINNESOTA	Board	Board	Board
MISSISSIPPI	Board	Board	Board
MISSOURI	Board	Board	Board
MONTANA	Board	Board	Board
NEBRASKA	Board	Board	Board
NEVADA	Board	Board	Board
NEW HAMPSHIRE	Board	N/A	Board
NEW JERSEY	Board	Board	Board
NEW MEXICO	Board	Board	Board
NEW YORK	Board	Board	Board
NORTH CAROLINA	Board	Board	Board
NORTH DAKOTA	Board	Board	Board
OHIO	Board	Board	Board

TABLE X-3

VETERINARIAN

FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATIONAL PROGRAMS	PROMULGATE REGULATIONS
OKLAHOMA	Board	Board	Board
OREGON	Board	Board	Board
PENNSYLVANIA	Board	Board	Board
RHODE ISLAND	Div. of Prof. Reg.	Board	Board
SOUTH CAROLINA	Board	Board	Board
SOUTH DAKOTA	Board	Board	Board
TENNESSEE	Board	Board	Board
TEXAS	Board	Board	Board
UTAH	Board	Board	Board
VERMONT	Board	Board	Board
VIRGINIA	Board	Board	Board
WASHINGTON	Board	Board	Board
WEST VIRGINIA	Board	Board	Board
WISCONSIN	Board	Board	Board
WYOMING	Board	Board	Board
D.C.	Board	Board	Board
PUERTO RICO	Board	Higher Educ. Council	Board

Source: HPLIS/Council of State Governments; May, 1987

TABLE X-4

VETERINARIAN

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	SUSPEND	REVOKE	RESTRICT LICENSE	CENSURE	REPRIMAND	PROBATION	FINE	OTHER
ALABAMA	x	x			x		≤1000	
ALASKA	x	x	a	x	x	b,c		
ARIZONA	x	x		x		x	≤500	
ARKANSAS	x	x						
CALIFORNIA	x	x				x	≥500	
COLORADO	x	x					x	
CONNECTICUT	x	x						
DELAWARE	x	x		x	x	a,b,c	50(d)	
FLORIDA	x	x		x	x		≤1000	e
GEORGIA	x	x	x		x		≤500	
HAWAII	f	x					≤500	
IDAHO	x	x						g
ILLINOIS	x	x		x	x	x		
INDIANA	x	x		x	x	x		c
IOWA	x	x						
KANSAS	x	x						
KENTUCKY	x	x						
LOUISIANA	x	x						g
MAINE	x	x		x		x		
MARYLAND	x	x						
MASSACHUSETTS	x	x						
MICHIGAN	x	x						
MINNESOTA	x	x						
MISSISSIPPI	x	x				x	100-500	
MISSOURI	x	x		x		x		
MONTANA	x	x		x	x	x	200-500	h
NEBRASKA	x	x						
NEVADA	x	x	x	x	x	x	≤5000	
NEW HAMPSHIRE	x	x	x		x			c
NEW JERSEY	x	x						
NEW MEXICO	x	x						
NEW YORK	x	x						
NORTH CAROLINA	x	x						
NORTH DAKOTA	x	x						
OHIO	x	x			x			

TABLE X-4

VETERINARIAN

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	SUS-PEND	RE-VOKE	RESTRICT LICENSE	CEN-SURE	REPRI-MAND	PROBA-TION	FINE	OTHER
OKLAHOMA	x	x						
OREGON	x	x	x		x	x	May	
PENNSYLVANIA	x	x			x	x	≤1000(f,i)	
RHODE ISLAND	x	x						f
SOUTH CAROLINA	x	x	x					
SOUTH DAKOTA	x	x						
TENNESSEE	x	x						
TEXAS	x	x			x	x		
UTAH	x	x	x	x	x	x	x	
VERMONT	x	x			x			
VIRGINIA	x	x						
WASHINGTON	x	x	x	x	x	x	≤500	
WEST VIRGINIA	x	x						
WISCONSIN	x	x	x		x			
WYOMING	x	x						
D.C.	x	x						
PUERTO RICO	x	x						

Source: HPLIS/Council of State Governments; May, 1987

Key:

a	Limit practice to those areas prescribed
b	Report regularly to board upon matters involving basis of probation
c	Continuing professional education until satisfactory degree of skills has been attained in those areas determined by board to need improvement
d	Fine for practicing without a license (first offense)
e	Attend continuing education courses or work under supervision of another veterinarian
f	Up to two years
g	Take such other action in relation to disciplining as the board in its discretion may deem proper
h	Imprisonment in county jail for 30 days to six months
i	Submit to care, counseling or treatment of a physician or a psychologist designated by board

TABLE X-5 Page 1 of 2

VETERINARIAN

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL
ALABAMA	a,b	c	d
ALASKA	a	e	b,d
ARIZONA	a,b	c	d
ARKANSAS	a,b	f	f
CALIFORNIA	a,b		c
COLORADO	a (may adopt)	f	f
CONNECTICUT	c	g	
DELAWARE	a		
FLORIDA	a,h		d
GEORGIA	a,b	c	d
HAWAII	a,b		c
IDAHO	a		i
ILLINOIS	a		d
INDIANA	a	e	
IOWA	a	f	f
KANSAS	a,b,d	c	
KENTUCKY	a,i		d
LOUISIANA	a,b	f	d
MAINE	a		d and/or e
MARYLAND	c		
MASSACHUSETTS	a	c	d
MICHIGAN	a	e	e
MINNESOTA	c	g	
MISSISSIPPI	a		d
MISSOURI	a,c		c
MONTANA	a,f	f	f,j
NEBRASKA	a	f	d
NEVADA	c,f		
NEW HAMPSHIRE	a	c	d
NEW JERSEY	a		
NEW MEXICO	c		
NEW YORK	a,b		k
NORTH CAROLINA	a	e	d
NORTH DAKOTA	a		
OHIO	a,b		d

TABLE X-5 Page 2 of 2

VETERINARIAN

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL
OKLAHOMA	a		c
OREGON	a	f	
PENNSYLVANIA	a	e	d
RHODE ISLAND	c		
SOUTH CAROLINA	c		
SOUTH DAKOTA	c	c	c
TENNESSEE	a,b	f	f
TEXAS	f	f	f
UTAH	a		d,i
VERMONT	b	c	d
VIRGINIA	a,b		d
WASHINGTON	a	f	f
WEST VIRGINIA	c	c	
WISCONSIN	a	c	d
WYOMING	c		
D.C.	c		
PUERTO RICO	c		

Source: HPLIS/Council of State Governments; May, 1987

Key:

a National Board Examination by Professional Exam Service
b State written exam
c Exam is required but no reference to a specific exam
d Clinical Competency Test (CCT)
e Combined oral/practical exam
f Supplemental as board feels necessary
g Oral and/or practical exam
h Written portion based upon the Veterinary Medicine Practice Act
i Written practical exam
j Practical Exam (PE) prepared by members of Licensing Committee
k Exam prescribed by Board

TABLE X-6 Page 1 of 2

VETERINARIAN

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	EDUCATION	MORALS	AGE	U.S. CITIZENSHIP	STATE RESIDENCY
ALABAMA	a	Good	21	Yes	
ALASKA	a				
ARIZONA	a	Good			
ARKANSAS	a	Good	21	Yes	
CALIFORNIA	b		18		
COLORADO	a,b	Good	21	Yes	
CONNECTICUT	a				
DELAWARE	a				
FLORIDA	a				
GEORGIA	b	Good	18	No	
HAWAII	a,c	Good	18	No	
IDAHO	b	Good	21		
ILLINOIS	b,d	Good		Yes	
INDIANA	a or e				
IOWA	a	Good			
KANSAS	b	Good		Yes	
KENTUCKY	a	Good	18		
LOUISIANA	b	Good	21	Yes	
MAINE	b	Good		Yes	
MARYLAND	b	Good			
MASSACHUSETTS	a	Good	18		
MICHIGAN	b	Good	18		
MINNESOTA	a	Good	21		
MISSISSIPPI	b	Good	21	Yes ---or---	Yes
MISSOURI	a	Good			
MONTANA	a,b	Good			
NEBRASKA	a	Good	21		
NEVADA	a	Good		Yes	
NEW HAMPSHIRE	a	Good	18		
NEW JERSEY	a,b				
NEW MEXICO	a,f	Good	21	Yes	
NEW YORK	a	Good	>21	Yes	
NORTH CAROLINA	a	Good	18		
NORTH DAKOTA	a,g				
OHIO	h				

TABLE X-6

VETERINARIAN

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	EDUCATION	MORALS	AGE	U.S. CITIZENSHIP	STATE RESIDENCY
OKLAHOMA	a	Good	21		
OREGON	a,e,f	Good	18	Yes	
PENNSYLVANIA	a	Good	18		
RHODE ISLAND	a		18		
SOUTH CAROLINA	b	Good			
SOUTH DAKOTA	b,f		21	Yes	
TENNESSEE	b	Good		Yes	
TEXAS	a		Legal age		
UTAH	a,i	Good	21	Yes	
VERMONT	a,j	Good	Legal age	No	
VIRGINIA	a	Good	18		
WASHINGTON	b	Good	21		
WEST VIRGINIA	a	Good	21	Yes	
WISCONSIN	b		18		
WYOMING	a	Good	21	Yes	
D.C.	a,h,f	Good			
PUERTO RICO	a	Good	Legal age		Yes

Source: HPLIS/Council of State Governments; May, 1987

Key:

a	Graduate of school approved and accredited by American Veterinary Medicine Association; or accredited by the division or certification by the Education Council for Foreign Veterinary Graduates
b	Certification that applicant has completed all but last portion of last session of approved veterinary college
c	In lieu of four-year graduate, actively practiced for 10-12 years immediately preceding the date of application in state with standards equal to those in new state
d	Two-year pre-veterinary college training
e	At least one year active practice completed, or served at least six months' probation within state of Oregon or one year's probation in any other state
f	Passed examination of the American Veterinary Association's Education Commission for foreign veterinary graduates (ECFVG) or other examinations given by Board
g	Paramedical person who has had further training of at least one year
h	Graduate of four-year veterinary school accredited by AVMA
i	Practiced under the supervision of licensed veterinarian at least six months
j	Will graduate within 180 days from approved veterinary college

TABLE X-7

Page 1 of 2

VETERINARIAN

SCHEDULE OF FEES
(in dollars)

STATE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
ALABAMA	50	130(a)	25/An	10		
ALASKA	20	155(b)	200/4 yrs.	20	2	
ARIZONA	250 (incl. exam)		150/Bi	75	20	
ARKANSAS	50	100	40	25		100
CALIFORNIA		168.50(c)	100/Bi		110	
COLORADO			d/Bi			
CONNECTICUT	150 (incl. exam)		150			150
DELAWARE	150 (incl. exam)		40/Bi	25		
FLORIDA	90(e)	190(f)	90/Bi			
GEORGIA	25	185(g)	55	15	25	
HAWAII	100	100				None
IDAHO	100		20/An	25		
ILLINOIS	25	168.90(h)	30/Bi		10	
INDIANA	10	150	30/Bi		10	125
IOWA		85(i)	45/Tri	15	15	50
KANSAS	20	150	20/An			
KENTUCKY	25	25	25/An			25
LOUISIANA	100	175	75/An			
MAINE	100		25/An			
MARYLAND	75		25/An			
MASSACHUSETTS	115 (incl. exam)		25/An		10	75
MICHIGAN		100	50/Bi	25		100
MINNESOTA	185 (incl. exam)		≤20/An			100
MISSISSIPPI	50 (incl. exam)		10-100/An			
MISSOURI	30	80	30/An	10		80
MONTANA		75	25/An			
NEBRASKA		75	15/An	25		50
NEVADA	150 (incl. exam)		200/Bi			
NEW HAMPSHIRE	75 (incl. exam)		50/An			
NEW JERSEY		125(j)	120/Bi			
NEW MEXICO	100		35/An			
NEW YORK	270 (incl. exam)		120/Tri	90		
NORTH CAROLINA	estab. annually		25/An			
NORTH DAKOTA	50		20/An			
OHIO	175 (incl. exam)		100/Bi	50	10	200

TABLE X-7 Page 2 of 2

VETERINARIAN

SCHEDULE OF FEES
(in dollars)

STATE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
OKLAHOMA	200 (incl. exam)		25/An			100
OREGON		50	50/An			
PENNSYLVANIA	145 (incl. exam)		25/Bi	50		
RHODE ISLAND	200 (incl. exam)		200/Bi	100		
SOUTH CAROLINA	100 (incl. exam)		25/An			
SOUTH DAKOTA	50	25	25/An			50
TENNESSEE	<50	25	10/An	25		
TEXAS	≤200 (incl. exam)		50/An		60	200
UTAH	35		10-20			
VERMONT	50	k	10/Bi	50	5	50
VIRGINIA		375(l)	125/An		5	
WASHINGTON	150 (incl. exam)		30/An	35	5	
WEST VIRGINIA	50		An			
WISCONSIN		170(m)	50/Bi		5	50
WYOMING	100		10/An			
D.C.	20	100	100/Bi			80
PUERTO RICO	50		Tri			

Source: HPLIS/Council of State Governments; May, 1987

Key:

An	Annual
Bi	Biennial
Tri	Triennial
a	Written exam: $90; clinical exam: $40
b	NBE: $90; clinical competency test (CCT): $40; state written exam: $25
c	Written exam: $90; practical exam: $60; processing fee: $18.50
d	Fees change with each renewal based on annual readjustment
e	$90 if applicant is certified in first year of a biennial renewal period; $45 if applicant is certified in second year of a biennial renewal period
f	CCT: $65; NBE: $125
g	NBE: $95; CCT: $40; state board exam: $50
h	NBE: $127.70; CCT: $76.20; combination: $168.90
i	State licensure exam: $40; NBE and/or CCT: $45
j	Practical exam only; board does not administer the NBE or CCT
k	Fee shall be no greater than the costs associated with examination
l	NBE: $150; CCT: $100; state board exam: $125
m	NBE/CCT/practical: $170; NBE/practical: $130; CCT/practical: $80; practical: $40

TABLE X-8

Page 1 of 3

VETERINARIAN

RECIPROCITY AND ENDORSEMENT

STATE	TYPE	CONDITIONS
ALABAMA	No reciprocity	
ALASKA	Endorsement	a,b,c,d,e
ARIZONA	No reciprocity	
ARKANSAS	Reciprocity	a,b,c,f
CALIFORNIA	Reciprocity	a,g,h,i,j
COLORADO	No reciprocity	
CONNECTICUT	Reciprocity	b,f,k,l,m
DELAWARE	No reciprocity	
FLORIDA	Endorsement	b,e,j,k,n,o
GEORGIA	No reciprocity	
HAWAII	No reciprocity	
IDAHO	No reciprocity	
ILLINOIS	Endorsement	b,f
INDIANA	None	a,c,p
IOWA	Reciprocity	a,b,c,d,f
KANSAS	Reciprocity	b,g
KENTUCKY	Reciprocity	b,f,g,k,q,r
LOUISIANA	No reciprocity	
MAINE	No reciprocity	
MARYLAND	Reciprocity	a,c,f,k,r
MASSACHUSETTS	Reciprocity	b,c,f,m,p
MICHIGAN	Endorsement	a,b,f,j,k,p,s
MINNESOTA	No reciprocity	
MISSISSIPPI	None	
MISSOURI	Reciprocity	a,b,k
MONTANA	No reciprocity	
NEBRASKA	Reciprocity	a,b,f,l,t
NEVADA	No reciprocity	
NEW HAMPSHIRE	Reciprocity	b,c,i,p
NEW JERSEY	No reciprocity	
NEW MEXICO	No reciprocity	
NEW YORK	No reciprocity	
NORTH CAROLINA	Endorsement	b,g,n
NORTH DAKOTA	No reciprocity	
OHIO	No reciprocity	

TABLE X-8

VETERINARIAN

RECIPROCITY AND ENDORSEMENT

STATE	TYPE	CONDITIONS
OKLAHOMA	Reciprocity	a,b,p
OREGON	No reciprocity	
PENNSYLVANIA	Endorsement	c,f,p
RHODE ISLAND	Endorsement	a,b
SOUTH CAROLINA	No reciprocity	
SOUTH DAKOTA	Reciprocity	g,j
TENNESSEE	Reciprocity	g,p
TEXAS	No reciprocity	
UTAH	No reciprocity	
VERMONT	Endorsement	b,f,k,l,r
VIRGINIA	Endorsement	f,q,r
WASHINGTON	No reciprocity	
WEST VIRGINIA	No reciprocity	
WISCONSIN	No reciprocity	
WYOMING	No reciprocity	
D.C.	Reciprocity	b,d,f,g
PUERTO RICO	Reciprocity	b,e,f,k,q

Source: HPLIS/Council of State Governments; May, 1987

Key:

a	National Board Exam score determined acceptable by Board
b	For states with equal or higher requirement standards
c	Individual has been engaged in active practice of veterinary medicine for at least five years or has taught veterinary medicine for five years at approved institution
d	Individual has not failed state written or practical exam
e	Individual has paid required fees
f	Individual has furnished proof that such a state license/certificate is valid
g	Waiver of written exam only by board if applicant has taken written exam in other state with equivalent scope and subject matter
h	Has practiced veterinary medicine for at least four years as a licensed veterinarian
i	Graduated from a veterinary college accredited by AVMA
j	No disciplinary proceedings or unresolved complaints
k	After receiving affidavits attesting individual's good character

TABLE X-8

Page 3 of 3

VETERINARIAN

RECIPROCITY AND ENDORSEMENT

l Has been a practicing veterinarian at least one year prior to filing application
m Desires to move to this state
n Individual has been engaged in active practice of veterinary medicine for at least three years
o Passed multiple-choice exam of Veterinary Medicine Practice
p Only after practical and/or oral exam is administered by Board
q Individual has been endorsed by appropriate regulatory board of veterinary medicine in original state
r After receiving documentation of educational, professional and personal credentials
s Has been engaged in active practice of veterinary medicine for at least two years
t Required to take oral exam before at least two members of the Board

TABLE X-9

VETERINARIAN

CONTINUING EDUCATION REQUIREMENTS

STATE	REQUIRED	EXTENT OF EDUCATION
ALABAMA	Yes	20 hrs. annually
ALASKA	Yes	a,b
ARIZONA	Yes	20 hrs. biennially
ARKANSAS	Yes	8 hrs. annually plus 4 hrs. visitation with a colleague
CALIFORNIA	No	
COLORADO	Yes	Attend a board approved veterinary education program ≥16 hrs. annually, including (d)
CONNECTICUT	No	
DELAWARE	No	
FLORIDA	Yes	≥30 contact hrs. biennially
GEORGIA	No	
HAWAII	No	
IDAHO	No	
ILLINOIS	Yes	20 hrs. biennially
INDIANA	No	c
IOWA	Yes	60 hrs. triennially(d)
KANSAS	Yes	20 hrs. annually
KENTUCKY	Yes	≥8 hrs. annually
LOUISIANA	No	
MAINE	No	
MARYLAND	Yes	12 hrs. annually
MASSACHUSETTS	No	
MICHIGAN	No	
MINNESOTA	No	
MISSISSIPPI	Yes	10 hrs. annually
MISSOURI	No	
MONTANA	Yes	10 hrs. annually
NEBRASKA	Yes	32 hrs. biennially(d)
NEVADA	Yes	20 hrs. biennially
NEW HAMPSHIRE	Yes	12 hrs. annually
NEW JERSEY	No	
NEW MEXICO	Yes	12 hrs. annually
NEW YORK	No	
NORTH CAROLINA	Yes	15 hrs. annually
NORTH DAKOTA	Yes	12 hrs. annually(e)
OHIO	Yes	10 hrs. annually

TABLE X-9

Page 2 of 2

VETERINARIAN

CONTINUING EDUCATION REQUIREMENTS

STATE	REQUIRED	EXTENT OF EDUCATION
OKLAHOMA	Yes	d
OREGON	Yes	f
PENNSYLVANIA	Yes	≥8 hrs. biennially
RHODE ISLAND	No	
SOUTH CAROLINA	Yes	c
SOUTH DAKOTA	Yes	8 hrs. annually
TENNESSEE	Yes	20 hrs. annually
TEXAS	No	
UTAH	No	
VERMONT	No	
VIRGINIA	No	
WASHINGTON	Yes	3 days or 30 hrs. triennially(d)
WEST VIRGINIA	No	
WISCONSIN	No	
WYOMING	No	
D C.	Yes	c
PUERTO RICO	Yes	30 hrs. triennially

Source: HPLIS/Council of State Governments; May, 1987 and The American Veterinary Medical Association

Key:

a	Twenty credit hours of approved continuing education must be obtained before December 31, 1984 when license issued before January 1, 1981
b	Applicant for renewal of veterinary license on or after December 31, 1984 must obtain 10 credit hours per year of approved continuing education during previous license period
c	Amount not specified
d	Evidence of participation in approved professional educational activities during the previous year to the extent established by board
e	Four hours can be self study
f	Lectures 10 hours annually or eight hours lectures and two hours reading or eight hours lectures approved by board and two hours reading of approved scientific journals or listening to approved audio or audio-visual materials or 10 hours lectures approved by board

---

1. Board has authorization to require continuing education, but has not yet implemented a continuing education program.

CHAPTER XI

STATE REGULATION OF VETERINARY TECHNICIANS

VETERINARY TECHNICIAN

Type of State Regulation

Veterinary technicians are regulated in 36 jurisdictions. Five states license veterinary technicians while 15 states and the District of Columbia regulate the practice of veterinary technicians through certification and 13 states register veterinary technicians. As Table XI-1 further indicates, in Alaska, Colorado and Kansas, veterinary technicians are recognized trained practitioners, but they are not regulated by state statute.

Scope of Practice

The scope of practice of veterinary technicians is largely uniform throughout the United States. An example is taken from Ohio (ORCA 4741-1-01):

> An "animal technician" is a person who holds the appropriate credential issued by the Veterinary Medical Board. The responsibility for the proper utilization of the registered animal technician rests solely upon the licensed veterinarian under whom they act.
>
> a. Every action of the animal technician, as related to the practice of veterinary medicine, must be under the responsible supervision of the licensed veterinarian. Meaning the duties, decisions, and actions will be at all times under the control, direction and regulation of the licensed doctor of veterinary medicine.
>
> b. The animal technician may determine the body temperature, pulse rate, blood pressure, rate of respiration and otherwise prepare the patient for examination or treatment. He may perform venipuncture for the purpose of obtaining blood samples or administration of intravenous medication under the direction of the licensed veterinarian.
>
> c. The technician may administer such treatment and/or medication either oral or parenteral as may be ordered by the licensed veterinarian.
>
> d. The technician may perform skin scrapings as well as perform other laboratory procedures.
>
> e. The technician may make diagnostic radiographs.
>
> f. The technician may apply wound dressings and assist the licensed veterinarian in diagnostic medical and surgical procedures.

Composition of State Regulatory Bodies and Functions

Every jurisdiction, except New Mexico, utilizes a veterinary board or commission to regulate the profession. In New Mexico, a Veterinary Technician Examining Committee is given this authority. In all jurisdictions, veterinarians comprise a majority of the board, and public members sit on boards in 23 jurisdictions. Table XI-2 provides complete details on the composition of the boards.

In the large majority of the states the board has primary responsibility for issuing the licenses and promulgating rules and regulations. A department of state government has this responsibility in a few states (i.e., Connecticut, Florida, Illinois and New York). In the majority of the states, the board will also approve or accredit educational programs. (See Table XI-3)

All of the regulatory bodies have the power to revoke or suspend a practitioner's license. Twelve of the state boards are also allowed to restrict practice, reprimand, probate or fine a practitioner. Other available sanctions are specified in Table XI-4.

Requirements for Licensure

Most of the jurisdictions require a written examination prepared either by the board or an outside organization. Fourteen jurisdictions require a practical examination and three jurisdictions require both a practical and an oral examination. (See Table XI-5).

Most jurisdictions require that the applicant be a graduate of an approved and accredited program of animal technology. Most require that the applicant be of good moral character and meet a minimum age requirement. (See Table XI-6).

Interstate Recognition of Credentials

Nine states provide for either reciprocity or endorsement of licenses of out-of-state animal technicians. (See Table XI-8).

Continuing Education Requirements

Eleven jurisdictions require continuing education. Table XI-9 shows the extent of continuing education credits required as a prerequisite to license renewal.

Fee Schedule

Fee levels for six types of fees are shown in Table XI-7.

TABLE XI-1

Page 1 of 2

VETERINARY TECHNICIAN

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
ALABAMA	Registration	AC 86-500 Sec. 2
ALASKA	Registration(a)	AS 12 AC 68.300
ARIZONA	Certification	ARS Vet. Practice Law
ARKANSAS	Licensure	AS 72-1140
CALIFORNIA	Registration	Bus. & Prof. Code 4842.1
COLORADO	Enabling Legislation(a)	
CONNECTICUT	Certification	CGS 384
FLORIDA	Certification	FS 474
GEORGIA	Certification	OCG 43-50-52
ILLINOIS	Licensure	IRS 111:7001 et. seq.
INDIANA	Registration	IC 15-5-1.1-2 Sec. 2
IOWA	Certification	IC 169.20
KANSAS	Registration(a)	KSA 47:8
KENTUCKY	Certification	KRS 321.440
LOUISIANA	b	
MAINE	Registration	32 MRSA 4865
MARYLAND	Registration	ACM 2-301
MICHIGAN	Certification	R 338.4972
MISSISSIPPI	Certification	MCA 73-39-2
MISSOURI	Cert. and Reg.	4 CSR-270-3.010
NEBRASKA	Registration	RS 71-1-177
NEVADA	Licensure	NRS 638.004
NEW MEXICO	Certification	NMSA 61-14-2
NEW YORK	Reg. and Lic.	CLNYA
NORTH CAROLINA	Registration	GSNC 90-187.6
NORTH DAKOTA	Certification	NDCC 43-29-09
OHIO	Registration	ORCA Sec. 4741-1-01
OKLAHOMA	Certification	59 OS 698.2
OREGON	Certification	ORS 686.350
PENNSYLVANIA	Certification	49 PA HB 1646 Sec. 1-5
SOUTH CAROLINA	Licensure	CLSC 40-69-430
SOUTH DAKOTA	Registration	SDLA 36-12-21.1
TENNESSEE	Licensure	TCA 63-12-103
TEXAS	Registration	RCST 7465
VIRGINIA	Certification	CV 54-786.3

TABLE XI-1

VETERINARY TECHNICIAN

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
WASHINGTON	Registration	WAC 308-156-010
WEST VIRGINIA	Certification	WVC 30-10-2
WISCONSIN	Certification	WSA 453.02
WYOMING	Registration	WS 30
D.C.	Certification(c)	DC 2-2732
PUERTO RICO	Certification	PRL 194

Source: HPLIS/Council of State Governments, May, 1987; and the American Veterinary Medical Association Annual Directory, 1987

Key:

a Identified in veterinary practice act, but not state regulated
b State VMA will register technician under name of employing veterinarian
c Law permitting mayor to provide for certification of animal technician to practice under direct supervision of veterinarian

TABLE XI-2 Page 1 of 2

VETERINARY TECHNICIAN

ORGANIZATIONAL PATTERN OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS			
		PROF.	PUB.	OTHER	TOTAL
ALABAMA	AL St. Bd. of Veterinary Medicine	5			5
ALASKA	Board of Veterinary Examiners Dept. of Commerce & Econ. Dev.	4	1		5
ARIZONA	AZ St. Veterinary Med. Examiners	5	2		7
ARKANSAS	Veterinary Med. Examining Board	4		1(a)	5
CALIFORNIA	Bd. of Examiners in Vet. Med.,(b) Dept. of Consumer Affairs	3	3		6
CONNECTICUT	Board of Vet. Registration & Exam.	3	2		5
FLORIDA	Board of Veterinary Medicine, Dept. of Prof. Regulation	5	2		7
GEORGIA	St. Board of Veterinary Medicine	5	1		6
ILLINOIS	Vet. Licensing & Discip. Board, Dept. of Registration & Educ.	6	1		7
INDIANA	IN Board of Vet. Med. Examiners, Health Professions Bureau	5	1		6
IOWA	IA Board of Veterinary Medicine, Dept. of Agriculture	3	2		5
KENTUCKY	KY Board of Veterinary Examiners	4	1		5
MAINE	ME St. Bd. of Veterinary Medicine	5	1		6
MARYLAND	MD Bd. of Vet. Medicine Examiners	7			7
MICHIGAN	Board of Veterinary Medicine, Dept. of Lic. & Regulation	5	2	1(c)	8
MISSISSIPPI	MS Board of Veterinary Medicine	5			5
MISSOURI	MO Veterinary Medicine Board	4	1		5
NEBRASKA	St. Bd. of Examiners in Veterinary Medicine, Department of Health	3	1		4
NEVADA	NV St. Bd. of Vet. Med. Examiners	6	1		7
NEW MEXICO	Vet. Technician Examining Cmte.	5			5
NEW YORK	NY Board of Vet. Med. Examiners	11	3	2(c)	16
NORTH CAROLINA	NC Veterinary Medicine Board	6	1		7
NORTH DAKOTA	St. Board of Vet. Med. Examiners	3			3
OHIO	State Veterinary Medical Board	5			5
OKLAHOMA	St. Board of Vet. Med. Examiners	5			5

TABLE XI-2

VETERINARY TECHNICIAN

ORGANIZATIONAL PATTERN OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL
OREGON	OR St. Vet. Med. Examiners Board	5	2		7
PENNSYLVANIA	PA St. Board of Vet. Medicine, Dept. of St. Bd. of Vet. Med.	5	2	2(d)	9
SOUTH CAROLINA	SC Board of Vet. Med. Examiners	7	1		8
SOUTH DAKOTA	Board of Vet. Medicine Examiners	3			3
TENNESSEE	Board of Vet. Medicine Examiners, Dept. of Professional Regulation	5			5
TEXAS	St. Board of Vet. Med. Examiners	7	2		9
VIRGINIA	VA Board of Veterinary Medicine	5			5
WASHINGTON	WA St. Veterinary Bd. of Governors, Div. of Professional Licensing	5	1		6
WEST VIRGINIA	WV Board of Veterinary Medicine	5			5
WISCONSIN	Veterinary Examining Board, Dept. of Regulation & Lic.	5	1		6
WYOMING	Board of Veterinary Medicine(e)	5			5
PUERTO RICO	Board of Vet. Examiners of P.R., Department of Health	4	1		5

Source: HPLIS/Council of State Governments, May, 1987; and the American Veterinary Medical Association Annual Directory, 1987

Key:

a Livestock producer
b Animal Health Technician Examining Committee, 4832
c Animal health technician
d One Commissioner of Professional and Occupational Affairs; one certified as an animal health technician
e Registration through Animal Technician Commission of WVMA

TABLE XI-3

Page 1 of 2

VETERINARY TECHNICIAN

FUNCTIONS OF CREDENTIALING BOARDS AND AGENCIES

STATE	ISSUE CREDENTIAL	APPROVE/ACCREDIT EDUCATIONAL PROGRAMS	PROMULGATE REGULATIONS
ALABAMA	Board	Board	Board
ALASKA	Board	Board	Board
ARIZONA	Board	Board	Board
ARKANSAS	Board	Board	Board
CALIFORNIA	Board	Board	Board
CONNECTICUT	Board	Department	Board
FLORIDA	Department	Department	Department
GEORGIA	Board	Board	Board
ILLINOIS	Board	Department	Board
INDIANA	Board	Board	Board
IOWA	Board	Board	Board
KENTUCKY	Board	Board	Board
MAINE	Board	Board	Board
MARYLAND	Board(a)	Board(a)	Board(a)
MICHIGAN	Board	Board	Board
MISSISSIPPI	Board	Board	Board
MISSOURI	Board	Board	Board
NEBRASKA	Board	Board	Board
NEVADA	Board	Board	Board
NEW MEXICO	Board(a)	Board(a)	Board(a)
NEW YORK	Board	Department	Board
NORTH CAROLINA	Board	Board	Board
NORTH DAKOTA	Board	Board	Board
OHIO	Board	Board	Board
OKLAHOMA	Board	Board	Board
OREGON	Board	Board	Board
PENNSYLVANIA	Board	Board	Board
SOUTH CAROLINA	Board	Board	Board
SOUTH DAKOTA	Board	Board	Board
TENNESSEE	Board	Board	Board
TEXAS	Board	Board	Board
VIRGINIA	Board	Board	Board
WASHINGTON	Board	Board	Board
WEST VIRGINIA	Board	Board	Board
WISCONSIN	Board	Board	Board

TABLE XI-3

VETERINARY TECHNICIAN

FUNCTIONS OF CREDENTIALING BOARDS AND AGENCIES

STATE	ISSUE CREDENTIAL	APPROVE/ACCREDIT EDUCATIONAL PROGRAMS	PROMULGATE REGULATIONS
WYOMING	Board	Board	Board
PUERTO RICO	Board	Higher Ed. Council	Board

Source: HPLIS/Council of State Governments, May, 1987; and the American Veterinary Medical Association Annual Directory, 1987

Key:

a With assistance of Veterinary Technician Examining Committee

TABLE XI-4 Page 1 of 2

VETERINARY TECHNICIAN

ENFORCEMENT FUNCTIONS OF CREDENTIALING BOARDS AND AGENCIES

STATE	SUS-PEND	RE-VOKE	RESTRICT CREDENTIAL	CEN-SURE	REPRI-MAND	PROBA-TION	FINE	OTHER
ALABAMA	x	x			x			
ALASKA	x	x						
ARIZONA	x	x				x		
ARKANSAS	x	x						
CALIFORNIA	x	x						
CONNECTICUT	x	x						
FLORIDA	x	x						
GEORGIA	x	x	x		x		≤500	
ILLINOIS	x	x						
INDIANA	x	x				x		a
IOWA	x	x						
KENTUCKY	x	x						
MAINE	x	x		x		x		
MARYLAND	x	x						
MICHIGAN	x	x						
MISSISSIPPI	x	x				x	≤1000	
MISSOURI	x	x		x		x		
NEBRASKA	x	x						
NEVADA	x	x	x	x	x	x	x	
NEW MEXICO	x	x						
NEW YORK	x	x						
NORTH CAROLINA	x	x						
NORTH DAKOTA	x	x			x			
OHIO	x	x						
OKLAHOMA	x	x						
OREGON	x	x						
PENNSYLVANIA	x	x			x	x	≤1000	a,b
SOUTH CAROLINA	x	x	x					
SOUTH DAKOTA	x	x						
TENNESSEE	x	x						
TEXAS	x	x						
VIRGINIA	x	x						
WASHINGTON	x	x						
WEST VIRGINIA	x	x						
WISCONSIN	x	x	x		x			
WYOMING	x	x						

TABLE XI-4

VETERINARY TECHNICIAN

ENFORCEMENT FUNCTIONS OF CREDENTIALING BOARDS AND AGENCIES

Source: HPLIS/Council of State Governments, May, 1987; and the American Veterinary Medical Association Annual Directory, 1987

Key:

a Take such other action in relation to disciplining as the Board in its discretion may deem proper

b Submit to care, counseling or treatment of a physician or a psychologist designated by Board

TABLE XI-5 Page 1 of 2

VETERINARY TECHNICIAN

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL
ALABAMA	a		
ALASKA	None		
ARIZONA	b		
ARKANSAS	a,c		
CALIFORNIA	c		a
CONNECTICUT	None		
FLORIDA	a		
GEORGIA	a		a
ILLINOIS	a		
INDIANA	a	b	b
IOWA	a		b
KENTUCKY	a	d	
MAINE	a		
MARYLAND	a		
MICHIGAN	a	e	e
MISSISSIPPI	a	e	e
MISSOURI	a	b	b
NEBRASKA	None		
NEVADA	c		b
NEW MEXICO	b		
NEW YORK	a		b
NORTH CAROLINA	a		
NORTH DAKOTA*			
OHIO	None		
OKLAHOMA	a		
OREGON	b		b
PENNSYLVANIA	a	f	f
SOUTH CAROLINA	b	b	b
SOUTH DAKOTA	a		
TENNESSEE	b		
TEXAS	a		
VIRGINIA	a		b
WASHINGTON	a		b
WEST VIRGINIA	b		
WISCONSIN	a	b	
WYOMING	g		

TABLE XI-5

Page 2 of 2

VETERINARY TECHNICIAN

EXAMINATION OF APPLICANTS

Source: HPLIS/Council of State Governments, May, 1987; and the American Veterinary Medical Association Annual Directory, 1987

Key:

*	Information was not available to HPLIS staff at the time of publication
a	National Animal Technician Exam
b	Exam is required but no reference to a specific exam
c	State examination
d	Oral interview
e	Combined oral/practical exam
f	Oral and/or practical exam
g	Exam not given in recent years

TABLE XI-6 Page 1 of 2

VETERINARY TECHNICIAN

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	EDUCATION	INTERNSHIP	AGE	STATE RESIDENCY	MORALS	U.S. CITIZENSHIP
ALABAMA	a,b		18		Good	
ALASKA	a,b					
ARIZONA	c				Good	
ARKANSAS	a,d				Good	Yes
CALIFORNIA	a,d or e+f		18			
CONNECTICUT	a					
FLORIDA	a					
GEORGIA	a		18		Good	No
ILLINOIS	a					
INDIANA	a,c,g		18			
IOWA	a,d or h				Good	Yes
KENTUCKY	a,b or j		18		Good	
MAINE	c,d or i					
MARYLAND	j		18		Good	
MICHIGAN	a,k					
MISSISSIPPI	a,c or l		18		Good	
MISSOURI	a,m	3 mos.				
NEBRASKA	a					
NEVADA	b		18		Good	Yes
NEW MEXICO	d,j				Good	
NEW YORK	a				Good	Yes
NORTH CAROLINA	d					
NORTH DAKOTA	c,d or e+i					
OHIO	a					
OKLAHOMA	a					
OREGON	a,c,d or n					
PENNSYLVANIA	a,b		18		Good	No
SOUTH CAROLINA	a,d,h		18		Good	
SOUTH DAKOTA	a					
TENNESSEE	a,d					
TEXAS	a					
VIRGINIA	a,c		18		Good	
WASHINGTON	a,c or h					
WEST VIRGINIA	a,d,g		18		Good	Yes
WISCONSIN	a,c or n		18			
WYOMING	a					

TABLE XI-6

Page 2 of 2

VETERINARY TECHNICIAN

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

Source: HPLIS/Council of State Governments, May, 1987; and the American Veterinary Medical Association Annual Directory, 1987

Key:

a	Diploma in animal technology from American Veterinary Medicine Association or approved school
b	Documentation of established relationship with veterinarian licensed and actively practicing in the state
c	Passed examination prescribed by Board of Registration
d	Two years animal health technology training program approved by the Board
e	One year animal health technology training program
f	Bachelor's degree in animal science
g	High school graduate
h	Assisted licensed veterinarian for at least five years
i	On-the-job training in technical procedures under supervision of licensed veterinarian
j	Academic training prescribed by Board
k	Employed at least three years in training for animal technology with a licensed veterinarian
l	High school diploma or GED and at least five years' practical training
m	Residence course of at least 18 months with three months of internship
n	Assisted licensed veterinarian for at least two years

TABLE XI-7

Page 1 of 2

VETERINARY TECHNICIAN

SCHEDULE OF FEES
(in dollars)

STATE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
ALABAMA	25	60	15/An			
ALASKA*						
ARIZONA	50 (incl. exam)		20/Bi		25	
ARKANSAS	40	60	25/An			
CALIFORNIA		35	50/Bi			
CONNECTICUT		60-70	10/Bi			
FLORIDA		60	10/An			
GEORGIA	25	60	20/Bi	15	25	
ILLINOIS		60	15/Bi			
INDIANA		60	30/Bi		5	50
IOWA		60	None req'd.			
KENTUCKY		75	15/An			
MAINE		60	10			
MARYLAND	50	60	25/Tri			
MICHIGAN		60	20/Bi	10		
MISSISSIPPI		60	5/An			
MISSOURI	20	70	15/An			
NEBRASKA	5		5/An			
NEVADA		35	10/An			
NEW MEXICO		50	20/An			
NEW YORK		60	45/Tri			
NORTH CAROLINA		65	5/An			
NORTH DAKOTA	25 (incl. exam)		10/An			
OHIO	20	20	20/Bi			
OKLAHOMA		125	10/An			
OREGON		35	10/An			
PENNSYLVANIA		65	10/Bi			
SOUTH CAROLINA		25	10/An			
SOUTH DAKOTA		60	10/An			
TENNESSEE		25	10/An			
TEXAS	110 (incl. exam)		20/An			
VIRGINIA		65-80	30/Bi		10	
WASHINGTON	21	60	21/An		5	
WEST VIRGINIA		25	10/An			
WISCONSIN		85	50/Bi			
WYOMING	10 (incl. exam)		5/An			

TABLE XI-7 Page 2 of 2

VETERINARY TECHNICIAN

SCHEDULE OF FEES

Source: HPLIS/Council of State Governments, May, 1987; and the American Veterinary Medical Association Annual Directory, 1987

Key:

*	Information was not available to HPLIS staff at the time of publication
An	Annual
Bi	Biennial
Tri	Triennial

TABLE XI-8

VETERINARY TECHNICIAN

RECIPROCITY AND ENDORSEMENT

STATE	TYPE	CONDITIONS
ALABAMA	None	
ALASKA	None	
ARIZONA*		
ARKANSAS	Reciprocity	a
CALIFORNIA	None	
CONNECTICUT	None	
FLORIDA	Endorsement	
GEORGIA	Endorsement	a,b
ILLINOIS	Endorsement	
INDIANA	Reciprocity	b,c,d,e
IOWA	None	
KENTUCKY	None	
MAINE	None	
MARYLAND	None	
MICHIGAN	Endorsement	a,b
MISSISSIPPI*		f
MISSOURI	Reciprocity	f
NEBRASKA	Reciprocity	g
NEVADA	None	
NEW MEXICO	None	
NEW YORK	None	
NORTH CAROLINA	None	
NORTH DAKOTA*		
OHIO	None	
OKLAHOMA	None	
OREGON	None	
PENNSYLVANIA	Endorsement	g
SOUTH CAROLINA*		
SOUTH DAKOTA	None	
TENNESSEE*		
TEXAS*		
VIRGINIA	Endorsement	b,d
WASHINGTON	Reciprocity	a,b,d,h
WEST VIRGINIA*		
WISCONSIN	None	
WYOMING	None	
PUERTO RICO*		

TABLE XI-8

VETERINARY TECHNICIAN

RECIPROCITY AND ENDORSEMENT

Source: HPLIS/Council of State Governments; May, 1987

Key:

*	Information was not available to HPLIS staff at the time of publication
a	When license requirements of both states are substantially equivalent
b	Individual has furnished proof that such a state license/certificate is valid
c	Only after practical and/or oral exam is administered by Board
d	After receiving affidavits attesting individual's good character
e	Individual has been engaged in active practice of veterinary medicine for at least five years
f	Determined by Board on individual's merits
g	Determined by Board that experience of the applicant is of such magnitude and scope as to render further formal training and education non-essential in provision of veterinary services
h	National Board Exam score determined acceptable by Board

TABLE XI-9

Page 1 of 2

VETERINARY TECHNICIAN

CONTINUING EDUCATION REQUIREMENTS

STATE	REQUIRED	EXTENT OF EDUCATION
ALABAMA	Yes	4 hrs. annually
ALASKA	No	
ARIZONA*		
ARKANSAS	No	
CALIFORNIA	No	≥1 course of study annually
CONNECTICUT	Yes	20 hrs. biennially
FLORIDA	Yes	10 hrs. biennially
GEORGIA	No	
ILLINOIS	No	
INDIANA*		
IOWA	No	
KENTUCKY	No	
MAINE	No	
MARYLAND	Yes	24 hrs. triennially
MICHIGAN	No	
MISSISSIPPI	No	
MISSOURI*		
NEBRASKA	Yes	≥8 hrs. annually
NEVADA	Yes	10 hrs. annually
NEW MEXICO	Yes	8 hrs. annually
NEW YORK	No	
NORTH CAROLINA	No	
NORTH DAKOTA*		
OHIO	Yes	8 hrs. annually
OKLAHOMA	No	
OREGON	No	
PENNSYLVANIA	Yes	8 hrs. biennially
SOUTH CAROLINA	No	
SOUTH DAKOTA	No	
TENNESSEE	Yes	12 hrs. annually
TEXAS	Yes	5 hrs. annually
VIRGINIA*		
WASHINGTON	No	
WEST VIRGINIA	No	
WISCONSIN	No	
WYOMING	No	

TABLE XI-9

VETERINARY TECHNICIAN

CONTINUING EDUCATION REQUIREMENTS

Source: HPLIS/Council of State Governments, May, 1987; and the American Veterinary Medical Association Annual Directory, 1987

Key:

* Information was not available to HPLIS staff at the time of publication

CHAPTER XII

THE HEALTH OCCUPATIONS UNDER REVIEW: AN UPDATE ON STATE SUNRISE ACTIVITIES, 1985-87

THE HEALTH OCCUPATIONS UNDER REVIEW:
AN UPDATE ON STATE SUNRISE ACTIVITIES, 1985-1987

I. Background

The health occupations have been one of the fastest growing components of the labor force over the past several decades.[1] Along with that growth has come increasing demand on the part of both well-established and newer occupational and professional groups for occupational licensing laws.

Concerns about these trends began to emerge early in the 1970s. The U.S. Department of Health, Education and Welfare, in a 1971 report,[2] proposed a two-year moratorium on the enactment of new licensing laws for the health occupations, while urging action to reform and revise existing regulatory statutes. The moratorium recommendation was extended for another two years in 1973. In a 1977 report, DHEW recommended that states, before enacting legislation to license additional health occupations, review the proposed legislation in the light of five criteria that were adapted from an earlier New Jersey study.[3] The criteria focused on potential harm from lack of regulation, public benefit from regulation, existence of other means of protection, and the appropriateness of licensure as a remedy. Conducting reviews of proposed legislation is frequently referred to as "sunrise" by state legislatures and agencies.

The first sunrise legislation, enacted by Minnesota in 1973, established a mechanism to evaluate and coordinate the credentialing of allied health personnel through an advisory committee to the state board of health.[4] The review procedures developed in Minnesota served as guides to sunrise efforts developed later by other states.

In 1978, The Council of State Governments published an influential report, Occupational Licensing: Questions a Legislator Should Ask.[5] The authors argued that occupational regulation should be competency-based and publicly accountable. Drawing upon and expanding the issues and criteria that had been advanced in the earlier New Jersey, DHEW, and other studies and reports on occupational credentialing, the publication outlined why and when states should regulate occupations. The list of 50 questions which concludes the report (See Appendix A) has been widely used by legislators and policymakers in evaluating regulatory proposals. In 1979, the New York State Legislature adopted the list of questions as a guide to their sunrise process.

---

[1] Sekscenski, E.S., "The Health Services Industry: A Decade of Expansion," Monthly Labor Review, 104:9-16, 1981.

[2] U.S. Department of Health, Education and Welfare, Office of Assistant Secretary for Health and Scientific Affairs. Report on Licensure and Related Health Personnel Credentialing, DHEW Pub. No. (HSM) 72-11, Washington, D.C., USGPO, June 1971.

[3] ____________, Public Health Service. Credentialing Health Manpower, Washington, D.C., USGPO, July 1977; Regulating Professions and Occupations, New Jersey Professional and Occupational Licensing Study Commission, January 1971.

[4] MSA, Chap. 709 ss. 145.861-145.866.

[5] Shimberg, B., and D. Roederer, Occupational Licensing: Questions a Legislator Should Ask, Lexington, KY, The Council of State Governments, 1978.

II. Overview of Current State Sunrise Efforts

Currently, 14 states have sunrise legislation. One-half of the programs have been initiated since 1984; one in 1984, three in 1985 and four in 1986. (See Table XII-1). The programs are dispersed geographically throughout the country: four in the West, three in the South, one in the Mid-Atlantic area, two in New England and five in the Midwest.

Seven states--Arizona, Colorado, Hawaii, Maine, New York, Tennessee and Vermont--have placed responsibility for the sunrise function in a legislative agency or committee. Among states that have placed the function in executive agencies, the administrative locus has been either a health or a licensing/regulatory agency.

While the first sunrise program enacted covered only health occupations, about half of the current programs include all occupational regulation under the scrutiny of their review. Minnesota's program now covers health and human services personnel. Michigan has separate legislative authorities and separate review bodies for health and non-health occupational licensing proposals. Washington has considered extending its sunrise program to include non-health occupations.

All of the sunrise laws include criteria against which proposals for new regulation are evaluated. The criteria tend to be fairly similar across states and clearly derive from the analyses and recommendations of The Council of State Governments and DHEW reports cited above. In general, sunrise criteria include evidence of harm to public health and safety from unregulated practice; inadequacy of existing protections; lack of alternatives to occupational regulation to address the problems; demonstration that the public will benefit from regulation; evidence that practitioners function independently and are required to exercise professional judgment; and functional differentiation from other regulated occupational groups.

The more recently enacted sunrise laws also tend to mention economic impact of regulation more prominently than previously. For example, Hawaii's criteria, which apply to both sunrise and sunset review and were adopted in 1985, include:

> ". . .Professional and vocational regulation should be eliminated where its benefits to consumers are outweighed by its cost to taxpayers. . ."

Georgia's Occupational Regulation Review Law, passed in 1986, requires petitioning groups to provide information on:

> ". . .The expected cost of regulation:
> (A) The impact regulation might have on the costs of services to the public;
> (B) The impact regulation might have on various types of insurance; and
> (C) The initial and long-term cost to the state and to the general public of. . .the proposed legislation; . . ."

In most state sunrise programs, the actual review of proposals for regulation is assigned to a committee, council or commission. The review bodies may be ongoing, appointed bodies, e.g., Michigan's Health Occupations Council and Virginia's Council on Health Regulatory Boards; or ad hoc technical committees as in Nebraska's Credentialing Review Program. Sunrise programs housed in state legislatures may assign regulatory review to a special joint committee, or, as in Hawaii and New York, assign the review to staff analysts who report their finding directly to the appropriate committee of jurisdiction for the bill. Georgia is unique in establishing an interdepartmental commission to conduct sunrise reviews.

Review committees typically include occupational/professional representatives and public members. In some states, representatives of the petitioning occupational group may serve on the review committee; in others, they are excluded. Administratively-based sunrise programs often include a public hearing as a part of their procedures, and may also hold other fact-finding public meetings. Many programs require petitioning groups to complete an extensive questionnaire designed to produce information responsive to questions raised by the sunset review criteria. Minnesota was the first state to develop such a questionnaire, and it has been used as a model by a number of other states that have adapted it to their own statutory requirements.

Patterns of funding and staffing of sunrise activities vary across states, depending on the administrative locus of the program and the specifics of the authorizing legislation. Only Kansas and Minnesota reported having earmarked funding for the sunrise activity. In other states, the costs of the sunrise function are absorbed through the general budget of the agency or legislative committee. The volume and frequency of requests for new occupational regulation vary across states and over time. Typically, newly enacted programs are inundated with proposals for new regulation and demands on staff resources may run very high for the first couple of years. The variability in workload makes budgeting for sunrise a bit difficult. One response, used by Kansas, is to limit the number of proposals that will be reviewed each year.

Minnesota and Kansas charge groups seeking regulation a $1,000 filing fee, which certainly does not cover the costs of a sunrise review, but may discourage frivolous requests. Minnesota also requires groups whose requests have been denied by the reviewing bodies to wait two years before resubmitting an application.

III. Case Studies of Sunrise Activities in Colorado, Minnesota and Washington

The sunrise processes in effect in three of the 14 states are briefly summarized below. In Colorado, the responsibility for sunrise reviews is placed in a committee in the legislative branch. In Minnesota and Washington, this responsibility is assigned to an executive branch department. Table XII-2 provides a state-by-state summary of the outcomes or current status of sunrise reviews of health occupations during the period 1985-87.

COLORADO

Colorado, which was a pioneer in implementing a sunset program in the 1970s, enacted sunrise legislation in 1985 covering health and non-health occupations. The statute includes review criteria similar to those of other states as described earlier. Responsibility for sunrise review is placed in the legislature, assigned to a six-member Joint Sunrise and Sunset Review Committee appointed by the Speaker of the House and the President of the Senate. Staff work for sunrise and sunset reviews is performed by analysts in the Department of Regulatory Agencies. There is no earmarked funding for the sunrise process, but about two FTE professional staff are assigned to sunrise and sunset reviews.

Applications for new regulation must be submitted to the Department by January of each year, and public hearings are held by the Joint Committee in the fall. The Joint Committee makes its recommendations to the full legislature based on the Department's report and the testimony and other information gathered in the hearing process.

Four health-related occupations were reviewed in 1985: dietitian/nutritionist, marriage and family therapist, lay midwife, and professional counselor. For all but midwives, the Department recommended no occupational regulation and the Joint Committee concurred. The Department made no recommendation on lay midwives and the sunrise committee had a split vote on regulation. In 1986, the Department reviewed respiratory therapists, therapeutic recreation specialists, and acupuncture, recommending no regulation for the first two and licensure for acupuncture. The recreation specialist group withdrew its request before it was submitted to the Joint Committee. The Committee concurred with the recommendation on respiratory therapy and asked for more study on acupuncture.

Six requests for regulation have been filed in 1987, five of them health-related: athletic trainers, community living specialists, hearing aid dealers, occupational therapists and respiratory therapists (a second request).

In 1986, the legislature asked for a sunset review of social work and psychology with a view to folding all the other mental health groups into a single regulatory structure. The Department recommended registration for all nonregulated mental health therapists, but the Joint Committee recommended licensure for all. Also recommended was a single grievance and discipline board for licensees in psychology, social work, marriage and family counseling, and professional counseling. Legislation introduced in the 1987 session would create a combined board for marriage and family counselors and professional counselors and a separate board for social work and for psychology.

MINNESOTA

Minnesota's pioneering sunrise program, enacted in 1973, was defunded in 1981 and reinstated in 1984. It covers health and human service occupations and is administered by the state health department's occupational analysis section. The sunrise program has an earmarked budget, $125,000 for the fiscal year ending June 30, 1987. Applicant groups must complete an extensive questionnaire and pay a filing fee of $1,000. The application and supporting information are reviewed by staff and by a 13-member Human Services Occupations Advisory Council which usually appoints a smaller technical committee to do the actual review. A public forum for all interested parties is held as a part of the information gathering process.

Both the staff and the Council make recommendations to the health commissioner, who in turn makes a recommendation to the legislature if it is an issue which requires legislation. The Commissioner has the authority to establish a registration program, if that is the recommended action, without legislation. New categories of licensure require authorizing legislation.

When the Minnesota program was reinstated, the evaluation criteria were expanded to include economic impact of regulation. The questions to be answered in addressing economic impact are: (1) Will there be effective public access to the service after regulation? (2) What is the expected impact of the proposed regulation on the existing and potential supply of practitioners? (3) How will the supply of practitioners be affected? (4) What will be the impact on cost to consumers for the service? (5) How will the quality of care be affected? (6) Is third-party reimbursement a possible motivational factor?

Occupational reviews over the past two years have covered four related groupings: marriage and family therapists, professional counselors, social workers, and other mental health workers including psychotherapists. Early in 1985, the Council and department staff began to review requests for regulation from representatives of the first three groups. Later, the legislature created an Advisory Task Force on the Regulation of Psychotherapists to report on the need to regulate currently unregulated psychotherapists.

For the review of psychotherapy, a 16-member task force was appointed which considered, among other matters, the problem of overlapping scopes of practice among the various kinds of therapists. The task force concluded that there is harm to the public from the unregulated practice of mental health therapists. The potential for harm, based on the evidence presented by the various therapist groups themselves, appeared to arise "from profound moral and ethical failures on the part of some practitioners" rather than from a lack of training or educational preparation on the part of practitioners of psychotherapy. The Commissioner of Health concluded that the public could be protected from these harms by means other than licensure.

The Commissioner recommended registration (title protection) for social workers at the bachelor, master and clinical level, based on degrees from accredited social work programs. Likewise, she recommended registration for marriage and family therapists based on training and experience in that field. Her report stated that professional counseling currently lacks a common set of academic and experiential requirements and thus is not appropriate for registration.

In addition to registration for the two groups, a mandatory client protection system was proposed which would cover both registered and unregulated psychotherapists, excluding psychologists, psychiatrists and psychiatric nurses. The client protection system requires that a practitioner file credentials with the health department under penalty of perjury for providing false information, and agree to abide by a standard of ethical practice that includes posting of fees and providing clients with a legally enforceable bill of rights. A discipline system to protect mental health clients would be established under the proposal to: (1) investigate client complaints; (2) impose practice-related consequences including prohibition from practice; (3) collect information on incompetence or unethical behavior; and (4) obtain information from other states about disciplining of practitioners.

Although the Commissioner has authority to establish a registration program by administrative rule, she argued that the need to coordinate registration with the mandatory client protection system dictates that the registration mechanism also be the subject of legislation. The Mental Health Practitioner Act of 1987 has been introduced, although it is doubtful that it or other credentialing bills will pass this session. The bill has already been changed to license, rather than register, marriage and family therapists and social workers.

The Minnesota proposal is one of the more innovative and creative responses to the dilemmas of regulating a health care area as crowded with competing and overlapping disciplines and practice modalities as mental health therapies.

WASHINGTON

The Washington legislature, faced with 12 separate health occupations credentialing bills in 1983, amended the Regulation of Health Professions Act to establish criteria to be addressed by applicant groups seeking regulation. The following year, to improve and expedite the process, amendments to the legislation placed responsibility for initial review with the State Health Coordinating Council (SHCC). The SHCC is a 16-member body advisory to state government on health policy issues, with representatives of health professionals and a majority of consumer members.

The SHCC appointed a four-member Health Professional Review Committee (HPRC) to hold public hearings and prepare findings and recommendations on regulatory proposals. The HPRC in turn prepared guidelines, formally adopted by the SHCC in January 1985, covering conflict of interest, lobbying SHCC members, public access to SHCC records, burden of proof, and steps for the review process. During its first year, the HPRC held 11 meetings to conduct hearings on 15 bills referred for review. The SHCC recommended that five be enacted, seven not be enacted, two be enacted contingent on certain revisions, and took no position on one until the opposing parties could negotiate their differences. Eight reviews were for previously unregulated groups--counselors, dietitians, surgeon assistants, denturists, radiologic technologists, respiratory therapists, home care workers, and physical therapy assistants. Changes in scope or independence of practice were sought by naturopaths, optometrists, acupuncturists, dental hygienists, and physical therapists.

Although the sunrise process does not have an earmarked budget, the SHCC estimated that the direct costs for the first full year of operation were just over $35,000, and an annual average of .75 FTE professional staff was used. Costs of materials, duplicating and postage were not included in the estimate. The SHCC also estimated that if the value of member-donated professional time were included, it would at least double the real cost of the reviews.

The Washington sunrise program has been more successful than some others in gaining support for its recommendations in the legislature. In a number of instances, proposals that failed on their first review were later modified and gained acceptance both from the SHCC and the legislature. The principal staff to the sunrise program feels that the activity has been effective in: (a) improving the content of bills by incorporating SHCC recommendations; (b) disseminating analyses and information that would not otherwise have been considered in the abbreviated legislative process; (c) providing a consumer perspective at legislative hearings and, upon request, to legislators not on the health committee.

IV. Summary and Conclusions

An organized review process for occupational credentialing proposals is a relatively recent phenomenon in state government, spurred by the growing number of requests for new or expanded regulation. Legislators have been frustrated by lack of knowledge about the technical aspects of these proposals, particularly in the area of health care. The relatively brief exposure to issues afforded by the typical legislative hearing also left legislators heavily dependent upon the petitioning group for information. The programs developed by the 14 states that have chosen to institute a sunrise process have similarities in their statutory bases, and in some processes, but they also vary widely, as this overview has documented.

All of the states have statutory criteria against which credentialing proposals must be evaluated. These may be as few as three and as numerous as ten. States have borrowed liberally from the criteria developed by other states, particularly those of Washington and Kansas. Minimally the criteria agree on the need to show some harm from a lack of regulation and to demonstrate that credentialing is the only way to address the public's need to be protected. There is an increasing tendency to include language about economic effects of regulation, in terms of cost-benefit or cost effectiveness analysis. Minnesota, which added this criterion when the sunrise program was reinstituted in 1984, has gone further than other states in explicating in statute and in rules the nature of the cost effectiveness and economic impact analyses that should be undertaken. It is particularly interesting that Minnesota does not regard the costs of operating the regulatory program as relevant to this criterion, since these costs can be recouped from licensing fees.

A number of state statutes include language to the effect that freedom to enter or practice a trade or profession is a right that should be abrogated only where the public's interest will be served by restricting entry. Whether such language has a dampening effect on the likelihood of enacting new credentialing programs is a question for further study. Similarly, some state statutes spell out levels of regulation and express a legislative intent that the least restrictive mode should be used. Further study is needed to determine whether such language has an effect on decision makers.

Some differences among states in the operation of their sunrise programs may be the result of differences in administrative locus. In the five states where sunrise is strictly a legislative responsibility, as a rule, the reviews seem to be somewhat more abbreviated than those conducted by administrative agencies. Colorado is an exception, but there the Department of Regulatory Affairs plays a major role in preparing analyses for the joint legislative sunrise/sunset committee.

The depth and extensiveness of sunrise reviews is also a function of staffing and funding resources. Few programs have earmarked funding; typically, costs are embedded in the budget of a more generalized function. Continuity of funding has been a problem in some states. In agencies supported directly by licensing fees outside of the general state appropriations process, the acceptability to licensees of this use of their fees remains an unasked (and unanswered) question. Advocates of the sunrise process are convinced that the payoffs are great in terms of fewer licensing monopolies being created and improved quality of the legislation that is enacted. Nevertheless, the cost-benefit calculus of the sunrise process itself remains to be done. If the results are as positive as the advocates believe, impediments to funding and staffing the process should be more easily overcome.

One of the interesting findings of our informal survey of state sunrise activities is that states with identical or nearly identical criteria for regulation arrive at different conclusions about the same occupation. This anomaly is even more evident in those states, e.g. Kansas and Nebraska, which have a two- or three-tier review process. Different recommendations emerge when identical criteria are used to evaluate the same body of information and testimony. The reasons for such differing results cannot be explored in this report. More research on the actual decision-making process is needed.

Two important trends are evident in the activities of the more active sunrise programs. There is a growing tendency to look at families of health occupations--e.g. mental health therapies, physical/social/rehabilitative occupations--and to seek some unified approach to issues of quality control in their practice. Concurrently, and often in conjunction with this more generic approach, a number of innovative approaches and variations on traditional occupational regulation have emerged. Examples include Minnesota's proposals for a client protection system covering mental health practitioners; Virginia's recommendations for combining regulation of X-ray personnel with the program overseeing equipment and their current review of 11 rehabilitative occupations; and Michigan's proposal for a clustered approach to regulating allied health occupations.

It is reasonable to expect that the level of sunrise activity across the states will increase in the years ahead. Two states--North Carolina and South Carolina--have sunrise bills pending in the 1987 session which are expected to pass. Other states that have had legislation introduced previously may also adopt sunrise. It is important to continue to monitor these developments and to share and exchange information among the states about the process and outcomes of this important governmental innovation.

TABLE XII-1 Page 1 of 1

STATES WITH OCCUPATIONAL REVIEW PROGRAMS (SUNRISE) IN EFFECT IN 1987

STATE	YEAR ENACTED	COVERAGE	ADMINISTRATIVE LOCUS			
			Legislature	Executive Agency		
				Regul.	Health	Other
ARIZONA	1985	H	x			
COLORADO	1985	A	x			
GEORGIA	1986	A				x
HAWAII	1984	A	x			
KANSAS	1980	H			x	
MAINE	1986	A	x			
MICHIGAN	1978(a) 1980	A		x		
MINNESOTA	1973(b)	H			x	
NEBRASKA	1985	H			x	
NEW YORK	1979	A	x			
TENNESSEE	1977(c)	A	x			
VERMONT	1986	A	x			
VIRGINIA	1983	H		x		
WASHINGTON	1982	H			x	

Key:

A = Sunrise for all occupations
H = Sunrise for health occupations only

a Sunrise authority for health occupations enacted in 1978, for others in 1980
b Program was discontinued in 1981 and reinstated in 1984
c Date of enactment; sunrise was not activated in any organized way until 1984

TABLE XII-2

STATE SUNRISE REVIEWS OF HEALTH-RELATED OCCUPATIONS: 1985-87

STATE	OCCUPATION	SUNRISE REVIEW RECOMMENDATION	LEGISLATIVE ACTION
ARIZONA	Behavioral Health Professions		No regulation
	Dietitian/ Nutritionist		Licensure bill died in committee
	Optometrist		Expanded scope of practice rejected
	Respiratory Therapist		No regulation
COLORADO	Acupuncturist	Licensure	More study
	Dietitian/ Nutritionist	No regulation	None
	Lay Midwife	No recommendation (split vote)	
	Marriage/Family Counselor	Registration	Legislation pending
	Professional Counselor	Registration	Legislation pending
	Respiratory Therapist	No regulation	None
	Therapeutic Recreation Specialist	No regulation	None
GEORGIA	Radiologic Technologist	Under review	
	Voice Stress Examiner	Under review	
HAWAII	Social Worker	No regulation	None
	Respiratory Therapist	No regulation	None
	Acupuncturist	Licensure	Licensure

TABLE XII-2

STATE SUNRISE REVIEWS OF HEALTH-RELATED OCCUPATIONS: 1985-87

STATE	OCCUPATION	SUNRISE REVIEW RECOMMENDATION	LEGISLATIVE ACTION
HAWAII (Cont'd.)	Home Health Aide	No regulation	None
	Polygraph Examiner	No regulation	None
KANSAS[1]	Athletic Trainer	Pending	
	Clinical Lab Personnel	Pending	
	Dietitian	Licensure (C)(S2) Registration (S1)	Licensure bill pending
	Marriage/Family Counselor	Pending	
	Occupational Therapist and O.T. Assistant	Licensure (C)(S1)	Registration
	Optician	Pending	
	Professional Counselor	Licensure (C)(S2) Registration (S1)	Registration
	Psychologist (master's level)	Registration (C)(S)	Registration
	Respiratory Therapist	No regulation (C) Licensure (S2)	Registration
	Speech-Language Pathologist and Audiologist	Pending	
MICHIGAN	Dietitian/ Nutritionist	Under review	
MINNESOTA	Marriage/Family Counselor and Social Worker	Registration (title protection) plus client protection system	Bill introduced, registration changed to licensure
	Professional Counselor	Client protection system	Bill introduced

STATE SUNRISE REVIEWS OF HEALTH-RELATED OCCUPATIONS: 1985-87

STATE	OCCUPATION	SUNRISE REVIEW RECOMMENDATION	LEGISLATIVE ACTION
MINNESOTA (Cont'd.)	Other Psychotherapists	Client protection system	Bill introduced
NEBRASKA[2]	Athletic Trainer	Licensure (C) Registration (D)	Licensure
	Dental Assistant	Registration (C) No regulation (D)	Registration
	Dietitian/ Nutritionist	No credentialing (C)(B)(D); (also considered in 1985)	Bill pending to certify at master's level and register at B.S. level
	Medical Technologists	No regulation (C) License technologists in unlicensed labs (B) Develop regulations for unlicensed labs (B)(D)	Bill pending to regulate unlicensed labs, e.g. in physicians' offices
	Naturopathic Physician	No credentialing (C)(B)(D)	No credentialing
	Ophthalmic Dispensers	Licensure (C) No credentialing (D)	No credentialing
	Professional Counselors	Certification (C) No credentialing (D)	Certification at master's level, registration for all others
	Respiratory Therapist	Licensure (C)(D)	Licensure
	Social Worker -clinical & master's level	Certification (C)(D)	Certification
	-bachelor's	Registration (C)(D)	Registration
	X-ray Technologist	Licensure (C) No regulation (B)(D) Strengthen existing regulation of equipment (D)	Bill pending to strengthen Radiation Control Act

STATE SUNRISE REVIEWS OF HEALTH-RELATED OCCUPATIONS: 1985-87

STATE	OCCUPATION	SUNRISE REVIEW RECOMMENDATION	LEGISLATIVE ACTION
NEW YORK	Dietitian/ Nutritionist	No regulation	None
TENNESSEE	Electrologist	Licensure	Licensure
	Dietitian/ Nutritionist	Under review	
	Physician Assistant	Licensure	Licensure
	Respiratory Therapist	Licensure	Bill defeated
VERMONT	Mental Health Counselor	(3)	Registration bill pending
VIRGINIA	Athletic Trainer	No regulation	None
	Dietitian/ Nutritionist	No regulation	None
	Corrective Therapist	Under review	N/A
	Occupational Therapist	No regulation	None
	Respiratory Therapist	Registration	Registration
	Sanitarian	Registration for supervisory level	
	X-ray Techn.	Registration of operators by DOH	Under consideration
WASHINGTON	Acupuncturist	Certification with independent practice	Certification with independent practice
	Athletic Trainer	No regulation	None yet

STATE SUNRISE REVIEWS OF HEALTH-RELATED OCCUPATIONS: 1985-87

STATE	OCCUPATION	SUNRISE REVIEW RECOMMENDATION	LEGISLATIVE ACTION
WASHINGTON (Cont'd.)	Dental Hygienist	Independent practice for B.S. level; no change for associate degree	Bill pending
	Denturist	Certification	Bill pending (Licensure bill defeated in 1985)
	Dietitian/ Nutritionist	Certification (Licensure rejected in 1985)	Bill pending (Licensure bill defeated in 1985)
	Home Care Worker	No credentialing	Bill to license agencies introduced
	Marriage & Family Counselor, Mental Health Counselor, Social Worker	Certification for M&F counselors, MH counselors, social workers; registration for all others who charge for counseling	Certification/registration bill pending
	Naturopath	Allow venipuncture	Enacted
	Optometrist	No recommendation on use of therapeutic drugs	Bill died in committee
	Physical Therapist	Remove requirement for referral from licensed practitioner	Bill died in committee
	Physical Therapy Assistant	No regulation	Licensure bill died in committee
	Radiologic Technologist	Certification	Certification bill pending
	Respiratory Therapist	Certification	Passage of certification bill expected; requires hospitals, etc. to hire only certified workers

STATE SUNRISE REVIEWS OF HEALTH-RELATED OCCUPATIONS: 1985-87

STATE	OCCUPATION	SUNRISE REVIEW RECOMMENDATION	LEGISLATIVE ACTION
WASHINGTON (Cont'd.)	Surgeon Assistants	No regulation	Bill pending to mandate benefits to SAs certified by national organization or state

---

1. Kansas has a two-tier sunrise process; a technical committee (C) makes recommendations to the Secretary of Health (S), who in turn makes a recommendation to the legislature. There was a change of secretaries in 1986, and the recommendations of the prior secretary (S1) were in some instances changed by the successor secretary (S2).
2. Nebraska also had a two-tier review process before 1987, consisting of a technical committee (C) and the director of the health department (D). A third review level has been added between the committee and the director, consisting of the state board of health (B).
3. No actual sunrise review was conducted in this instance.

APPENDIX A

QUESTIONS LEGISLATORS SHOULD ASK

WHAT IS THE PROBLEM?

- Has the public been harmed because the occupational group has not been regulated?
- To what extent has the public's health, safety, or economic well-being been harmed?
- Can the claims of proponents of regulation be documented?

WHY SHOULD THE OCCUPATIONAL GROUP BE REGULATED?

- Who are the users of services?
  - Are they members of the general public who lack knowledge necessary to evaluate qualifications of those offering services?
  - Are they institutions or qualified professionals who have the knowledge to evaluate qualifications?
- What is the extent of autonomy of practitioners?
  - Is there a high degree of independent judgment required of practitioners?
  - How much skill and experience are required in making these judgments?
  - Do practitioners customarily work on their own or under supervision?

    NOTE: There is little justification for licensure if practitioners work under supervision. If regulation is needed, it should be the supervisor who is regulated.

WHAT EFFORTS HAVE BEEN MADE TO ADDRESS THE PROBLEMS?

- Has the occupational group established a code of ethics?
  - To what extent has it been accepted and enforced?
- Has the occupational group established complaint-handling procedures for resolving disputes between practitioners and the public?
  - How effective has this been?
- Has a nongovernmental certification program been established to assist the public in identifying qualified practitioners?

- Could the use of applicable laws or existing standards solve problems?
    - Use of unfair and deceptive trade practices laws.
    - Use of civil laws such as injunctions, cease and desist orders, etc.
    - Use of criminal laws such as prohibitions against cheating, false pretenses, deceptive advertising, etc.
    - Use of existing standards such as construction codes, product safety standards, etc.
- Would strengthening existing laws or standards help to deal with the problem?

HAVE ALTERNATIVES TO LICENSURE BEEN CONSIDERED?

- Use of an existing agency under legislative control.
- Regulation of business employer rather than individual practitioner; e.g., licensing restaurants rather than cooks or waiters/waitresses.
- Registration of practitioners coupled with minimum standards set by state agency.
- Certification of practitioners, thereby restricting use of title to those who have demonstrated competence. Occupational group, however, would not have control of field of practice.
- Why would use of the above be inadequate to protect the public interest?
    - Why would licensing be more effective?

WILL THE PUBLIC BENEFIT FROM REGULATION OF THE OCCUPATION?

- How will regulation help the public identify qualified practitioners?
- How will regulation assure that practitioners are competent?
    - What standards are proposed for granting credentials?
    - Are all standards job related?
    - How do these standards compare with those of other states?
    - If standards differ from those of other states, can the difference be justified?

    - Are there training and experience requirements?
        - Are these requirements of excessive duration when compared with other states? Why?
        - Does training include supervised field experience? If so, is an additional experience requirement justified?
    - Are there restrictions on where or how experience may be acquired? Why?
    - Will alternative routes of entry be recognized?
        - Will applicants who have not gone through prescribed training/experience be eligible for licensure or certification?
        - Will licensure or certification in another state automatically allow an individual to be credentialed in this state?
    - Will applicants for licensure or certification be required to pass an examination?
        - Does an examination already exist?
        - Does it meet professional and legal testing standards?
        - If no test exists, who will develop it and how will development costs be met?
    - Is there a "grandfather" clause in licensure?
        - Why is it necessary?
        - Will such practitioners be required to take a test at a later date?
- What assurance will the public have that the individuals credentialed by the state have maintained their competence?
    - Will the license or certificate carry an expiration date?
    - Will renewal be based solely on payment of fee?
    - Will renewal require periodic examination, peer review, evidence of continuing education or other procedures for continued competence?
- How will complaints of the public against practitioners be handled?
    - Will there be a method for receiving complaints?
    - Will there be an effective procedure for disciplining incompetent or unethical practitioners?
    - What grounds will there be for suspension or revocation of credentials?

- Is it feasible to establish a restitution fund so that the public will be able to recover money lost through actions of unscrupulous practitioners?

WILL REGULATION BE HARMFUL TO THE PUBLIC?

- Will competition be restricted by occupational group; e.g., prohibiting price advertising?
- Will the occupational group control the supply of practitioners?
    - By standards more restrictive than necessary?
    - By restricting entry of those from other states who have substantially similar qualifications?
- Will regulation prevent optimum utilization of personnel?
    - Will "scope of practice" prevent individuals from other occupational groups from providing services for which they are qualified by training and experience?
- Will regulation increase costs of goods and services to consumers?
- Will regulation decrease availability of practitioners?
- Are there safeguards in law to ensure that the occupational group does not use its powers to promote self-interest over those of the public?

HOW WILL THE REGULATORY ACTIVITY BE ADMINISTERED?

- Will the regulatory entity be composed only of members of the occupation?
    - Will there be public members on the regulatory entity? In what percentage?
- What powers will the regulatory entity have?
    - Will it review qualifications, examinations, investigations, and disciplining of practitioners?
    - Will it promulgate rules and codes of conduct?
- Will actions of the regulatory entity be subject to review?
    - By whom?
    - Will the reviewing authority have power to override actions of the regulatory entity? Which ones?
- How will the cost of administering the regulatory entity be financed?
    - How will fees be set?

    - Will income from fees go into a general fund, departmental fund, or special account controlled by the regulatory entity?

WHO IS SPONSORING THE REGULATORY PROGRAM?

- Are members of the public sponsoring the regulatory program?
- What associations, organizations, or other groups in the state represent practitioners?
    - Approximately how many practitioners belong to each group?
    - What are the different levels of practice in each group?
- Which of the above groups are actively involved in sponsoring regulatory programs?
    - Are other groups supporting the effort? If not, why?

WHY IS REGULATION BEING SOUGHT?

- Is the occupational group seeking to enhance its status by having its own regulatory law?
- Is the occupational group claiming it is prevented from rendering services for which its members are qualified by "scope of practice" statement of another occupation?
    - If so, what efforts have been made to resolve differences?
- Is the occupational group seeking licensure in order to gain reimbursement under federal-state programs or private insurers; e.g., Medicare or Blue Cross?
- Is the public seeking greater accountability of the occupational group?

Source: Occupational Licensing: Questions a Legislator Should Ask; Benjamin Shimberg and Doug Roederer, The Council of State Governments, 1978.

CHAPTER XIII

TEN YEARS OF SUNSET: A SURVEY OF STATES' EXPERIENCES

TEN YEARS OF SUNSET

A SUNSET SUMMARY

Sunset legislation had its birth in the State of Colorado in 1976, and quickly caught the fancy of legislatures throughout the country. By the end of the decade, it had spread to more than 30 states and was highly touted as a significant new instrument of legislative oversight.

Its premise was a simple one. Certain state agencies would be scheduled for termination each year and would be subjected to an audit or program performance review to determine whether or not they should be continued or modified.

Its most popular and distinguishing feature, on which its name "sunset" was based, was its automatic termination feature. Agencies not specifically reauthorized by statute or resolution before the scheduled "sunset" deadline would simply cease to exist.

Sunset was the product of at least three streams of legislative reform activity of the 1970s:

-- The strengthening of legislative oversight capabilities, including the expansion of professional legislative research staffs, and the development of administrative procedures acts;

-- The increasing interest among some states in the reorganization of the executive branch of government;

-- Increasing interest at the state and federal level in the "deregulation" of businesses and professions by government.

Because sunset is essentially an exercise in legislative review, it fit comfortably in those states which were already moving to strengthen the hand of standing committees, budget builders, and other legislative parties concerned about the growing executive branch of government.

Because of its "sudden death" feature, it also suited those legislators who saw governmental reorganization as a means of slowing governmental growth and imposing stronger top-down controls.

Often overlooked, in fact, was its "deregulation" feature. The original Colorado statute--used as a model by many subsequent sunset states--was, essentially, a deregulation instrument. It dealt only with regulated professions and businesses, and did not provide much ammunition for those who wished either to control governmental growth or reorganize the executive branch.

It was thus under several banners that sunset was launched, a favorite of many diverse legislative interests, and from the outset something of a victim of exaggerated expectations and misunderstandings.

Unfortunately, disenchantment over sunset was not long setting in. Sunset set off enormous and swift reaction from regulated professions, and unleashed a wave of lobbyists who descended forcefully on state legislatures. Under such battle cries as "If it ain't broke don't fix it," anti-sunset forces effectively neutralized early efforts to terminate agencies and deregulate professions.

In some states complaints were voiced about high costs of sunset reviews compared to relatively low agency termination or reorganization. Others complained that the political payouts were hardly worth the headaches and hazards incurred in trying to terminate an agency or regulatory process.

In short, the sunset ballyhoo was short-lived. By 1981, one statute was repealed, and shortly thereafter, three other states repealed theirs or let them lapse into disuse.

Other states, however, maintained the process, often with a lowered profile and a lowered level of expectation. Many of them have modified their statutes to address other goals or purposes, and to extend the length of the review cycle in an effort to lower the cost of the reviews. Some states have continued with their original statutes into second cycles of sunset reviews.

No states have adopted sunset statutes since 1981. Three states have statutorily repealed their sunset laws, and 16 others have amended their statutes, some as many as four or five times.

There have been "sunset" spinoffs, as well, notably the "sunrise" process now established in some states by which new regulatory proposals are subjected to a prior review process before receiving legislative attention.

Sunset moves into its second decade without the fanfare with which it was born. This report documents certain characteristics of the sunset experience and provides a limited analysis of its current status.

This survey finds that sunset has had marginal success in terminating agencies, and for the most part, those terminations have come among relatively small agencies. A quick perusal of the agencies terminated section on the following pages reveals that of the agencies terminated under sunset, very few were health boards or commissions. In fact, several states that terminated agencies did so only to nonhealth-related boards or commissions. (See "Agencies Terminated," Arkansas, Colorado, Connecticut, Maryland, Nebraska, New Hampshire, Rhode Island, South Carolina, Texas, Utah and West Virginia, for specific information regarding health-related boards terminated under sunset.

Most of the documented results of sunset have come in the form of modifications to existing agencies. Those modifications, as identified in the "Outcomes" section of the report, focus largely in the areas of public access issues such as (1) citizen members of licensing boards, (2) improved complaint handling and enforcement procedures, (3) better reporting and record-keeping procedures, (4) more open examination procedures, and (5) easier mobility for professionals through improved reciprocity agreements.

Of the 28 states which responded to the Reorganization Commission survey, 24 report their statutes are still on the books, and most of them continue to carry out sunset procedures. Those states which did not respond to the survey are Alabama, California, Florida, Idaho, Illinois, Indiana, Iowa, Kentucky, Louisiana, Massachusetts, Michigan, Minnesota, Missouri, Montana, New Jersey, New Mexico, New York, North Dakota, Ohio, Oklahoma, Virginia and Wisconsin.

Compared to some of the early expectations, the results have been modest. In a newer role, however, a number of states believe sunset may have become a regular part of their legislative oversight and review process.

AGENCIES TERMINATED

Alaska

Welding Board; Collection Agency Board. Several have been combined into one board.

Arkansas

1983: Capitol Art Commission; Emergency Services Advisory Council; Surveying Commission; Arkansas Illiteracy Commission; Arkansas Advisory Council on Public & Secondary Education; Arkansas Council on Children and Youth; Library Board; Department of Social Services; Office of Local and Regional Services, Department of Local Services.

1981: Arkansas Science and Technology Council; Information Practices Board; War Decoration Commission; Board of Healing Arts; Arkansas Retirement Systems Study Committee; Special Committee on County Government; Municipal Corporation Board; Health Planning Program, Office of the Governor; Information Systems Executive Committee; Library Building Commission; Arkansas Fire Protection Personnel Standards and Education Commission; Pupil Discipline in Public Schools Commission.

1979: Advisory Hospital Council; Arkansas Bikeways Commission; White River Navigation Commission; Tax Revision Commission; Office of Planning; State Capital Grounds Commission; Governor's Mansion Advisory Council.

Arizona

Ethics Board; Arizona Criminal Intelligence Systems Agency; Purchasing Review Board; Collection Agency Advisory Committee; Economic Planning & Development Board; Contractors Recovery Fund Board; Tax Advisory Board.

Colorado

Abstractors Board; Athletic Commission; Basic Science Board; Collection Agency Board; Hearing Aid Dealers; Hospital Board; Landscape Architects; Mortuary Science; Physical Therapy; Life Care Institutions; Shorthand Reporters; Sanitarians; Commission on Women. (Nursing and Practical Nursing were merged, and Barbers and Cosmetologists were merged.)

Connecticut

Board of Licensure for Nursing Home Administrators; Regulation of Bedding; Upholstered Furniture and Second Hand Hats; Board of Registration for Sanitarians; Board of Subsurface Sewage Disposal System Examiners; Advisory Committee on Organized Crime Prevention and Control; Connecticut Justice Commission; Board of Materials Review; Commission on Demolition; Council on Water Company Lands; Council of Economic Advisors; Regulation of Massage Parlors, Masseurs and Masseuses; Advisory Committee on High Unemployment Areas; Capitol Center Commission; American Revolution Bicentennial.

Delaware

State Athletic Commission, Delaware Energy Office. Some agencies have been consolidated; for example, the Delaware Bingo Commission with the Gaming Control Commission.

Georgia

Board of Registered Professional Sanitarians; Board of Soil Classifiers.

Hawaii

Abstract makers, escort agencies, photography, degree granting institutions, rental agencies, and collection agencies. (Boards for cemeteries and mortuaries and pilotage were sunsetted, but regulation continued.)

Kansas

Athletic Commission; Mobile Home and Recreational Vehicle Commission; (Board of Social Work Examiners and Board of Examiners of Psychologists combined into one board.) Council of Advisors on Consumer Credit, Office of Director of Kansas Energy Office; Energy Advisory Council.

Maryland

Maryland State Board of Censors; Board of Osteopathic Examiners; Board of Examiners of Moving Pictures; Bank Regulations Board; Machine Operators; Mine Examining Board; State Board of Electrical Examiners.

Mississippi

1983: Board of Embalming.

1982: State Advisory Committee on Voluntary Family Planning; Water Resources Council.

1980: Governor's Committee for the Arts, Executive Mansion Fine Arts Commission.

Nebraska

Commission on Fire Fighting Personnel (made advisory to State Board of Vocational Education); Board of Examiners on Osteopathy (merged with Board of Examiners for Morticians); Nebraska Collection Agency Board (made advisory to the Secretary of State).

New Hampshire

Coordinator of Federal Funds; State Oceanographic Foundation; Fruit Marketing Commission; Alarm Installers Board (still regulated but board was terminated); Arborists Board; Foresters Board; Board of Pastoral Counselors (board was terminated but combined with psychologists and social workers); Health and Welfare Advisory Commission; Board of Rehabilitation Counselors;

Crime Commission; Advisory Board for Technical Health Services; Saco River Watershed Commission; Maine/New Hampshire Commission on Oceanography.

(Agency functions transferred: Legislative Utility Consumers Council; Board of Barbering (combined with cosmetologists); Board of Land Surveyors; Probation Board; Parole Department; Racing Commission; Division of Post Secondary Education; Office of State Negotiator.)

Oregon

Board of Watchmakers; Board of Auctioneers; Board of Landscape (repealed in 1979, reenacted in 1981); Regulation of Guides and Packers; Collection Agencies Board (board sunsetted, registration system enacted).

Pennsylvania

Savings Association Board; The Hazardous Substance Transportation Board (replaced by an advisory committee); Commission on Charitable Organizations (replaced by an advisory committee).

Rhode Island

Advisory Board of Aeronautics; Auditorium Commission; Committee on Children and Youth; Advisory Commission on Correctional Services; Eastern States Exposition Commission of Rhode Island; Emergency Milk Control Board; Council on Environmental Quality; Council on Highway Safety; State Board on Intrastate Aircraft Transportation; Advisory Council to the Director of the Department of Mental Health, Retardation and Hospitals; Commission on Medical Education; Interstate Compact on Mental Health; Milk Sanitation Board; Nursing Home Coordinating Council; Passenger Tramway Board.

South Carolina

1986: (The State Senate voted to abolish the State Dairy Commission two years after sunset review called for its termination.)

1985: Masseurs and Masseuses program within the State Law Enforcement Division.

Texas

Battleship Texas Commission; Board of County and District Road Indebtedness; Texas Navy, Inc.; Pesticide Advisory Committee; Pink Bollworm Commission; Texas Private Employment Agency Regulatory Board; Stonewall Jackson Memorial Board; Vehicle Equipment Safety Commission; Board of Tuberculosis Nurse Examiners; Board of Examiners in Social Psychotherapy; Texas Commission in Interstate Cooperation; Texas History Resources Development Council; Texas Energy and Natural Resources Advisory Council; Office of State Forester; Occupational Safety Board; Texas Coordinating Commission for Health and Welfare Services; Texas Health Facilities Commission; Prosecutor Council; Texas Coastal and Marine Council. (Agency functions transferred: Burial Association Rate Board; Civil Air Patrol; Board of Library Examiners; Nimitz Memorial Naval Museum Commission.)

Utah

Board of Prophylactics; Basic Science Law; Manicurists; Naturopaths; Board of Pharmacy; Money Order Vendors; Debt Management Businesses; Sprinklers and Irrigation Fitters; Landscape Architects; Electronic Repair Dealers; Water Conditioner Installers; Securities and Transfer Agents; Take Over Offers for Equity Securities; Council on Community Affairs.

West Virginia

Motor Vehicles License Certificate Appeals Board; Child Welfare Licensing Board; Judicial Council of West Virginia; Ohio River Basin State Commission on Manpower; Training and Technology; Economic Opportunity Advisory Commission; Community Development Authority Board; West Virginia Alcoholic Beverage Control Licensing Advisory Board; Beautification Commission; Health Resources Advisory Council; Rabies Control Program; Work Incentive Program.

Wyoming

Governor's Office of Highway Safety; Governor's Council on Children and Youth; Boxing Commissioner; Weather Modification Board.

OVERVIEW OF SUNSET PROGRAMS

Sunset programs have been adopted for licensing boards and agencies in states with differing licensing structures. As Table XIII-1 reveals, 12 autonomous licensing board states have sunset programs and nine states with centralized licensing agencies have programs in place. The administrative structure under which the state operates has no apparent effect on the utilization of sunset programs.

As Table XIII-1 indicates, all states that report sunset reviews also report that regulatory agencies were reviewed. A look at the table shows that a very low percentage of agencies reviewed were actually terminated. See Table XIII-1 for complete details on the number of agencies reviewed and terminated.

Tables XIII-2A and XIII-2B provide readers with specific and detailed information on the outcome of sunset review across the states, including public members added to boards as a result of sunset, exam requirements changed, changes in the scope of practice, complaint handling, and others.

SUNSET LEGISLATION AND ITS MODIFICATIONS

Most sunset statutes were enacted during a five-year period between 1976 and 1980. Colorado is recognized as being first, and of those who responded to the survey, Pennsylvania is the most recent (1981).

Of the 28 states participating in the survey, eight states reported that sunset review activity had ceased, either through specific repeal of the statute or through other mechanisms which have had the effect of suspending review activity.

North Carolina was the first to repeal (1981) after four years of sunset reviews; subsequent agency reviews were authorized in that state through 1983.

Sunset statutes in Mississippi and Nebraska had self-terminating provisions in the original statutes, calling for automatic repeal after the first cycle of agency reviews. The Mississippi statute died in 1984, and Nebraska's came a year later.

Five other states, Arkansas, Nevada, South Dakota, Maryland and Connecticut, have ceased, at least temporarily, sunset reviews. The Arkansas statute was designed to function only six years in the absence of further authorization and although the statute has not been specifically repealed, its functions have lapsed. The Nevada statute is still on the books, but no agencies have been identified by the legislature for review since 1979.

South Dakota's last sunset review took place in 1979, and Maryland and Connecticut have placed a moratorium on further sunset reviews until 1989 and 1990, respectively.

Of the remaining 20 states that responded that their sunset procedures were still in operation, all but six (Alaska, Delaware, Maine, Rhode Island, South Carolina and West Virginia) reported that their statutes had been modified since original enactment. Most of those modifications were in the nature of routine extension, technical amendments, alteration of the agency review list or sequence, or extension of the review period.

TABLE XIII-1

OVERVIEW OF SUNSET PROGRAMS

	TYPE OF LICENSING AGENCY	TYPE OF AGENCY REVIEWED	NUMBER OF AGENCIES REVIEWED	NUMBER OF AGENCIES TERMINATED	REGULATORY AGENCIES TERMINATED	FUNCTIONAL AGENCIES TERMINATED	REAUTHORIZATION PERIOD
ALASKA	C	R/L	64	2	2	0	4
ARIZONA	B	R/L, F.A.	46	8	0	7	10
ARKANSAS	A	All	291	28	4	24	I
COLORADO	C	R/L	40	13	11	2	10
CONNECTICUT	C	R/L, F.A.	94	15	7	7	5
DELAWARE	---	R/L, F.A.	50	2	1	1	5
GEORGIA	A	R/L	44	2	2	0	6
HAWAII	C	R/L	55	8	8	0	6
KANSAS	---	R/L, F.A.	43	7	2	3	8
MAINE	C	All	70	0	0	0	10
MARYLAND	C	R/L, Other	67	6	6	0	10
MISSISSIPPI	A	---	50	5	1	4	---
NEBRASKA	A	R/L, F.A.	37	3	3	0	I
NEVADA	A	---	3	0	0	0	I
NEW HAMPSHIRE	A	All	143	20	8	13	6
NORTH CAROLINA	---	---	0	0	0	0	---
OREGON	A	R/L	47	5	5	0	8
PENNSYLVANIA	C	R/L, F.A., Other	49	3	2	1	10
RHODE ISLAND	A	R/L	96	17	4	11	I
SOUTH CAROLINA	A	R/L	43	2	2	0	6
SOUTH DAKOTA	B	R/L, F.A.	5	0	0	0	---
TENNESSEE	B	R/L	200	40	0	0	8
TEXAS	A	R/L, F.A.	118	23	7	16	12
UTAH	C	R/L, F.A.	80	14	11	3	10
VERMONT	C	R/L	14	0	0	0	I
WASHINGTON	B	R/L, F.A.	77	29	7	18	S/I
WEST VIRGINIA	A	R/L, F.A.	53	12	0	12	---
WYOMING	A	R/L, F.A.	21	4	2	2	I

KEY:

TYPE OF LICENSING AGENCY:

A	Autonomous licensing agencies
B	Both autonomous licensing agencies and consolidated licensing agencies
C	Consolidated licensing agencies

TYPE OF AGENCY REVIEWED:

R/L	Regulatory/licensing agencies
F.A.	Functional agencies
Other	Advisory council, special purpose entities

REAUTHORIZATION PERIOD:

I	Indefinite
S/I	Specific/indefinite

TABLE XIII-2A

OUTCOME OF SUNSET REVIEW

	AGENCIES REVIEWED SINCE BEGINNING	NUMBER OF AGENCIES TERMINATED	AGENCIES MODIFIED UNDER "SUNSET"	HOW MANY MODIFIED	PUBLIC MEMBERS ADDED TO BOARDS	HOW MANY AGNC.	EXAM REQUI-SITES CHANGED	HOW MANY AGNC.	BOARDS ALLOWED TO SET FEES	HOW MANY AGNC.	MISC. ADMIN. CHANGES	HOW MANY AGNC.	DISCIP. & INVESTI. FUNCTIONS INCREASED	HOW MANY AGNC.
AK	64	2	Yes	All	Yes	—	Yes	—	Yes	—	—	—	No	—
AR	291	28	No	—	No	—	No	—	No	—	No	—	No	—
AZ	46	8	No	—	Yes	1	Yes	1	Yes	—	—	—	Yes	—
CO	40	13	Yes	25+	Yes	25+	Yes	—	No	—	Yes	—	Yes	All
CT	94	15	Yes	—	No	—	Yes	—	No	—	Yes	—	Yes	35
DE	50	2	Yes	45+	Yes	20	Yes	8	Yes	15	Yes	20	Yes	10
GA	44	2	Yes	—	Yes	—	Yes	—	Yes	—	Yes	—	Yes	—
HI	55	8	Yes	5	No	—	Yes	—	No	—	Yes	—	Yes	—
KS	43	7	Yes	2	Yes	1	No	—	No	—	Yes	2	No	—
MD	67	6	Yes	28	Yes	2	Yes	3	No	—	Yes	8	Yes	5
ME	70	—	Yes	Most	Yes	1	Yes	1	—	—	Yes	—	—	—
MS	50	50	Yes	25	No	—	Yes	4	Yes	2	Yes	14	Yes	9
NC	—	—	—	—	—	—	—	—	—	—	—	—	—	—
NH	143	20	Yes	99	Yes	19	No	—	Yes	19	Yes	19	No	—
NE	37	3	Yes	31	Yes	—	Yes	—	Yes	—	Yes	—	Yes	—
NV	3	—	Yes	1	No	—	Yes	1	No	—	Yes	2	No	—
OR	47	5	Yes	—	Yes	11	Yes	—	Yes	—	Yes	—	Yes	—
PA	49	3	Yes	Most	Yes	—	—	—	Yes	—	Yes	—	Yes	—
RI	96	17	Yes	21	—	—	—	—	—	—	—	—	—	—
SC	43	2	Yes	43	Yes	24	Yes	20	Yes	20	Yes	18	Yes	14
SD	5	—	—	—	—	—	—	—	—	—	—	—	—	—
TN	200	40	Yes	50%	—	—	—	—	—	—	—	—	—	—
TX	118	23	Yes	95	Yes	41	Yes	6	Yes	35	Yes	N/A	Yes	16
UT	80	14	Yes	—	Yes	—	Yes	—	Yes	—	Yes	—	Yes	—
VT	14	—	Yes	14	Yes	10	Yes	3	Yes	13	Yes	1	Yes	13
WV	53	12	Yes	4	No	—	No	—	No	—	No	—	No	—
WA	77	29	Yes	—	Yes	2	Yes	5	Yes	3	Yes	24	Yes	Most
WY	21	4	Yes	—	Yes	—	No	—	Yes	—	Yes	—	—	—

TABLE XIII-2B

OUTCOME OF SUNSET REVIEW

	EXAMS MADE STANDARD	HOW MANY AGNC.	SCOPE OF PRACTICE CHANGED	HOW MANY AGNC.	RECI-PROCITY IMPROVED	HOW MANY AGNC.	COMPLAINT HANDLING IMPROVED	HOW MANY AGNC.	RESTRICT. EASED ON COMPETI.	HOW MANY AGNC.	CONT. EDUC. REQUISITES INCREASED	HOW MANY AGNC.	ETHICAL ISSUES CLARIFIED	HOW MANY AGNC.	OTHER MODIFI-CATIONS
AK	Yes	—	Yes	—	—	—	—	—	—	—	Yes	—	—	—	—
AR	No	—	No	—	No	—	No	—	No	—	No	—	No	—	No
AZ	No	—	Yes	1	Yes	1	Yes	—	Yes	2	No	—	No	—	—
CO	Yes	—	Yes	—	Yes	5+	—	—	Yes	20+	No	—	Yes	4	Yes
CT	Yes	—	No	—	Yes	26	Yes	35	Yes	23	No	—	No	—	—
DE	Yes	20	Yes	5	Yes	10	Yes	20	Yes	5	Yes	20	No	—	Yes
GA	Yes	—	Yes	—	Yes	—	Yes	—	Yes	—	Yes	—	Yes	—	—
HI	Yes	—	Yes	—	No	—	Yes	—	Yes	—	No	—	Yes	—	—
KS	No	—	No	—	No	—	Yes	—	No	—	No	—	Yes	1	Yes
MD	Yes	1	No	—	Yes	1	Yes	3	Yes	1	Yes	1	No	—	—
ME	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
MS	No	0	Yes	3	Yes	2	Yes	2	Yes	2	Yes	2	Yes	1	
NC	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
NH	No	—	No	—	No	—	No	—	Yes	19	Yes	19	Yes	19	—
NE	Yes	—	Yes	—	—	—	Yes	—	No	—	Yes	—	Yes	—	—
NV	No	—	No	—	No	—	Yes	1	No	—	No	—	No	—	Yes
OR	Yes	—	No	—	Yes	—	Yes	—	Yes	—	Yes	—	Yes	—	Yes
PA	—	—	—	—	—	—	Yes	—	Yes	—	Yes	—	Yes	—	Yes
RI	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
SC	Yes	12	Yes	7	Yes	5	Yes	4	Yes	3	Yes	3	Yes	2	Yes
SD	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TN	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TX	No		No		Yes	17	Yes	57	Yes	22	Yes	17	Yes	57	Yes
UT	Yes	—	Yes	—	Yes	—	Yes	—	No	—	Yes	—	Yes	—	—
VT	No	—	Yes	6	No	—	Yes	13	No	—	Yes	2	No	—	Yes
WV	No	—	No	—	No	—	No	—	No	—	No	—	No	—	No
WA	No	—	Yes	3	No	—	Yes	—	Yes	3	Yes	2	Yes	3	—
WY	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

FOOTNOTES FOR TABLES XIII-2A AND XIII-2B

Alaska

Fee setting function centralized; miscellaneous changes made to educational requirements, continuing education, reappointment intervals; reciprocity improved to some extent; complaint handling functions centralized; no significant easing of restrictions on open competition; no significant clarification of ethical issues.

Arizona

General note: Answers here are best estimates from staff who recall audits.

Colorado

Examination passing scores based upon minimum competency (criterion-referencing) rather than arbitrarily set for five agencies; advertising restrictions eliminated for 25 agencies; eliminated mandatory continuing education requirement of four agencies.

Connecticut

All but those agencies terminated were modified in one way or another; miscellaneous changes made to nearly all agencies reviewed; gave umbrella agencies the explicit authority to use standardized exams where feasible.

Delaware

We have standardized compensation for those serving on occupational licensing boards so that members receive $50 per meeting for meetings attended, up to a maximum of $500 per year.

Kansas

Two boards combined. Almost all sunset reviews result in changes, but most of these do not fall into the category of structural modifications. Most modifications listed above apply to regulatory agencies, not functional agencies that comprise the larger number of agencies reviewed in Kansas.

Maine

Note: Your questionnaire focuses on licensing boards. The Audit Committee reviewed a number of health professional boards in the early 1980s. Since that time, the audit process has evolved and matured. Many of Maine's professional regulatory boards are up for review this year and the issues addressed in your questionnaire will all be examined for each board.

Mississippi

Public members added to boards of 20 agencies reviewed in 1983.

Nevada

Organizational and procedural improvements made to one agency.

Oregon

Mandatory reporting requirements for health professions; consolidation of boards; changes in board composition.

Pennsylvania

Exam requisites changed but not certain for how many agencies; several boards allowed to set fees; miscellaneous changes made to various agencies; not certain how many agencies' exams standardized; not certain how many agencies' scope of practice changed; not certain how many agencies' reciprocity improved; complaint handling improved for several agencies; restrictions on competition eased for a few agencies. A variety of other changes made, for example, adding reporting requirements to the General Assembly, requiring that agencies be financially self-sufficient, improvements in administrative practices, etc.

Rhode Island

Modifications directly attributable to sunset review and recommendations.

South Carolina

Many other modifications were enacted by agencies through internal administrative action which did not require changes in law.

Tennessee

Many changes in each of the categories have been made, but no exact numbers can be provided.

Texas

Clarification of division of responsibilities between board and staff; development of career ladders and merit pay; requirement that the public have a defined role in public meetings of a state agency.

Utah

Boards allowed to set fees subject to legislative approval. Restrictions on competition eased (note: however, this depends on area). Continuing education requisites increased: both "yes" and "no."

Vermont

Secretary of State sets fee; continuing education requisites decreased in one case; other changes include limitations on the number of terms a board member may serve, increased power of boards, such as subpoena and taking testimony under oath, and standardization of the types of activities which constitute unprofessional conduct.

Washington

Complaint handling improved for most agencies.

NOTE: States' responses in identifying the number of agencies affected by such modifications were not adequate to make any estimates of the state-by-state extent of such changes. One state (New Hampshire) reported 99 agencies modified, and Texas reported 95. Tennessee, which reported that it reviewed 200 agencies, said "50 percent" were modified. Pennsylvania reported that "most" of the 49 agencies it reviewed were modified.

APPENDIX I

STATE LAWS PERTAINING TO HEALTH PROFESSIONS REGULATION ENACTED IN 1986-87

STATE LAWS PERTAINING TO HEALTH PROFESSION CREDENTIALING ENACTED IN 1986 & 1987

(As of May 15, 1987)

STATE	LAW NUMBER	SUMMARY
Arizona	House 2012	Expands the definition of "unprofessional conduct" in law regulating **physician assistants** to include: signing blank prescription forms; having sex with patients; committing felonies; and other acts. Repeals temporary certification provisions. Increases fees. Provides that the board could summarily suspend certificates.
	House 2014	Specifies that the primary duty of the State Board of Medical Examiners is to protect the public from improper practice of **allopathic medicine** and that board authority includes: disciplining and rehabilitating **physicians**; investigating incompetence and unprofessional conduct; doing psychiatric and other testing of prospective doctors; and developing regulatory standards. Extends licensing exemptions to anyone doing "emergency harvesting" of donor organs outside of Arizona.
	House 2015	Allows the State Board of Medical Examiners to establish a privately-run program for rehabilitation of doctors who use drugs or abuse liquor, to be financed with money from license renewal fees.
	House 2016	Creates a **Controlled Substances** Advisory Committee consisting of the Attorney General, the Pharmacy Board Secretary and the Directors of the State Health Services and Public Safety Departments to review statutory control of drugs and recommend changes where thought needed. Adds Delta-9 tetrahydrocannabinol and its synthetic isomer to statutory lists.
	House 2368	Relates to "provisional" licenses for **nursing care institution administrators:** would be called "temporary" licenses instead and could be issued only for a period ending 15 days after results of the next available exam are announced (current period). Provides for six months maximum.

STATE	LAW NUMBER	SUMMARY
Arizona (Cont'd.)	Senate 1099	Makes provisions relating to the law eliminating guarantee of coverage for **chiropractors'** services.
	Senate 1119	Makes provisions pertaining to organ and tissue donations and agency and hospital procedures. Removes liability from "good faith" acts.
	Senate 1434	Causes "**podiatric assistants**" to be certified by the state.
Arkansas	House 1092	Makes it unlawful for anyone not licensed under Arkansas **Chiropractic** Practices Act or Arkansas Medical Practices Act to make spinal manipulations, mobilization or adjustment as defined in Chiropractic Act.
	House 1326	Includes definitions of **air ambulance** and air ambulance services; names Emergency Medical Services Advisory Council as regulatory authority over air ambulances and air ambulance services.
	House 1625	Makes any person already licensed as lay **midwife** and person who has met requirements with exception of county of practice eligible for licensing; entitles licensed midwife to accept compensation from agency or insurer.
	House 1725	Specifies practice of **chiropractic** includes spinal adjustments, spinal manipulations and spinal mobilizations.
	House 1885	Reenacts provisions for appointment of members of the Board of **Chiropractic** Examiners.
	House 1953	Authorizes Veterinary Medical Examining Board to impose civil penalty of no more than $5,000 on licensed **veterinarian** in violation of Veterinary Medical Practice Act; authorizes aggrieved veterinarian to appeal pursuant to Administrative Procedures Act.
	HCR 1022	Amends joint rules of House and Senate to require feasibility study by Joint Interim Committee on Public Health, Welfare and Labor before any bill to provide for **health care provider** licensing or expanding scope of health care practice may be introduced.

STATE	LAW NUMBER	SUMMARY
Arkansas (Cont'd.)	Senate 33	Relates to licensure renewal for **nurses**; authorizes the Board of Nursing to prescribe a procedure for cyclical biennial renewal of licenses.
	Senate 35	Repeals section relating to the licensing of non-resident **practical nurses** in state line cities.
	Senate 79	Redefines and clarifies the definition of **optometry**; authorizes optometrists to possess, administer, and prescribe appropriate drugs; expands duties of State Board of Optometry; prevents "grandfathering" of currently licensed optometrists until their completion of educational prerequisites.
	Senate 82	Increases membership of State Board of Health to 19 and provides new member shall be a practicing podiatrist.
	Senate 148	Defines licensed **veterinarians**; adds provision for practice as a general practitioner or in a specialty area as the board may by regulation provide.
	Senate 291	Provides any person practicing **dentistry** or **dental hygiene** without a license guilty of Class "D" felony and maximum prison sentence of six years and fine up to $10,000.
	Senate 292	Authorizes **dental hygienist** board members to vote on all matters except the examination and licensing of dentists.
	Senate 293	Revises the regulations governing the suspension, revocation of license or probation of **dentists** or **dental hygienists** whose advertising is fraudulent or misleading.
	Senate 294	Authorizes members of State Board of **Dental Examiners** to receive $100 per day for each day of attendance at regular or special meetings or while attending to any other proper business of the board.
	Senate 295	Eliminates participation in reciprocal licensing by another state as condition to licensing **dental hygienists** who apply for Arkansas license.
	Senate 300	Eliminates language dealing with **inhalation therapy**; substitutes therefor definition of **respiratory care**.

STATE	LAW NUMBER	SUMMARY
Arkansas (Cont'd.)	Senate 347	Requires **dentists** to submit to on-site inspections before issuance of permits to administer general anesthesia.
	Senate 413	Prohibits **home health care** agency from providing service without a license; suspension, revocation of license provided for.
	Senate 415	Sets fee charged by Medical Board to award **medical license** by examination at $250 increasing to $400; increases registration fee for **physical therapists** to $10.
	Senate 652	Raises license fee for **dispensing opticians** from $50 to a maximum of $100 with additional exams not to exceed $50; imposes penalty of $100 to licensed **ophthalmic dispensers** for failure to renew license by July 1; requires certificate of ownership of **optical dispensary** to be filed with Arkansas State Board of Dispensing Opticians between June 1 and June 30.
Colorado	House 1066	Defines "unprofessional conduct" of a **physician** to include two or more acts or omissions which fail to meet generally accepted standards of medical practice, whether the two or more acts occur during a single treatment of one patient, during the course of treatment of one patient, or during the treatment of more than one patient and to include violation of any valid order of the Board of Medical Examiners or violation of any rule or regulation promulgated by the board in conformance with law.
	House 1082	Concerns the administration of **mental health institutions** managed by the Department of Institutions.
	House 1147	Makes provisions concerning creation of the **physicians'** peer health assistance fund, and providing for the funding and use thereof.
	House 1159	Makes provisions concerning the appointment of interpreters for the **hearing-impaired**.
Connecticut	House 5814	Concerning the definition of the practice of fitting hearing aids to make the statute consistent with the past and currently accepted practice of licensed **hearing aid dealers**.

STATE	LAW NUMBER	SUMMARY
Georgia	House 38	Relates to **dietitians** and **dietetic counselors**; changes the provisions relating to definitions.
	House 125	Relates to **dentists**; changes which acts constitute the practice of dentistry; provides for the use of conscious sedation and general anesthesia by dentists and certain other persons; provides for morbidity, mortality, and injury reports.
	House 135	Relates to application for license to practice **psychology**; changes certain license requirements.
	House 258	Revises comprehensively the laws relating to **speech pathologists** and **audiologists**.
	House 433	Relating to education, experience, and training requirements for licensure in **social work**; changes certain experience requirements.
	House 839	Relates to peer review groups; amends the definition of the term "**professional health care provider**;" includes rehabilitation supplier.
	Senate 286	Relates to disciplinary sanctions by the Composite State Board of **Medical Examiners**; requires that board to investigate a licensee's fitness to practice medicine if the board receives certain notifications regarding judgments on settlements relating to medical malpractice claims or relating to the practice of medicine.
	Senate 315	Relates to **emergency medical services**; provides for findings and a declaration of policy relative to emergency medical services systems.
Iowa	House 615	Relates to providing workers' compensation coverage for **emergency medical personnel**; provides authority for their certification.
Idaho	House 49	Amends various provisions relating to the practice of **dental hygienists**.
	House 112	Makes provisions relating to the practice of **physical therapy**. Provides an additional definition. Provides conditions for the revocation or suspension of a license.

STATE	LAW NUMBER	SUMMARY
Idaho (Cont'd.)	House 154	Relates to licensure of occupational therapists. Amends Title 54, Idaho Code, by the addition of a new Chapter 37, Title 54, Idaho Code, to provide legislative intent, to define terms, to require licensure, to provide exemptions, and other related provisions.
	House 225	Corrects terminology and to provide that a chiropractic assistant may perform services except for adjustment or manipulation of articulations of the body; requires five consecutive years of chiropractic experience and current national board of chiropractic examiner's certificate.
	House 252	Relates to optometry. Allows the use of therapeutic pharmaceutical ophthalmic agents by optometrists under certain conditions.
	House 255	Relates to the practice of psychology. Clarifies the language defining the practice of psychology and to provide that the practice of psychology includes diagnosing and treatment. Makes other related provisions.
Indiana	Senate 262	Authorizes the State Board of Dental Examiners to issue permits for the use of certain methods of pain and anxiety control by dentists.
	Senate 364	Modifies the definition of "physical therapy" in the law governing the licensure of persons engaged in the practice of physical therapy. Provides that physical therapy means the examination, treatment, or instruction to detect, assess, prevent, correct, alleviate, and limit physical disability, movement dysfunction, bodily malfunction, pain from injury, disease, and other physical or mental disability.
Kansas	House 2466	Concerns the Kansas veterinary practice act; authorizes the State Board of Veterinary Examiners to employ an executive director.
	Senate 35	Provides further concerning the regulation of certain branches of the healing arts and related health care specialties and biennial licensure.

STATE	LAW NUMBER	SUMMARY
Kansas (Cont'd.)	Senate 78	Provides for the licensure of **professional counselors** and associate counselors by the Behavioral Sciences Regulatory Board. Establishes the Advisory Commission on Professional Counseling.
	Senate 87	Concerning emergency medical services, provides for **first responder** certification.
	Senate 88	Continues in existence the Board of **Nursing**.
	Senate 113	Concerns the **optometry** law; defines the practice of optometry; establishes continuing education requirements.
	Senate 288	Provides for the registration of certain persons working in licensed community **mental health** centers or state or other governmental or educational institutions.
	Senate 300	Regulates grounds for denial, revocation or suspension of license for **mental health technicians**.
	Senate 302	Provides certain exceptions under the Kansas **nurse** practices act; granting certain authority to the board.
	Senate 338	Relates to the State Board of Healing Arts. Concerns the registration of **occupational therapists, occupational therapy assistants** and **respiratory therapists**.
Maine	Senate 96	(L 243) Increases the fees for examination and licensure of **chiropractors** up to $100.
Maryland	House 284	Extends from July 1, 1988, to July 1, 1989, the period for waiving the requirements for certification as a **professional counselor**.
	House 971	Changes the name of the State Board of Examiners of Nurses to the State Board of **Nursing**; and generally relates thereto.
	House 1075	Decreases from six to three years the length of the term of a member of the State Board of **Dental Examiners**; and generally relates thereto.
	Senate 336	Changes the name of the specialty of **pedodontics** in the practice of dentistry to **pediatric dentistry**.

STATE	LAW NUMBER	SUMMARY
Maryland (Cont'd.)	Senate 337	Alters the requirement to renew a license to practice **dental hygiene** to extend renewal privileges to a licensee who actively has practiced dental hygiene as a member of a federal dental service.
Michigan	Senate 24	Allows certain requirements to be waived when applying for **psychologist** license, if certain conditions are met.
Mississippi	House 733	Provides for the licensure of **social workers** by the State Board of Health; provides for certain exemptions; provides that the board shall appoint a social work advisory council to aid the board in administering the act; prescribes qualifications for the licensure of applicants; provides for the issuance, suspension, revocation and refusal to renew licenses.
	House 774	Provides additional grounds for the non-issuance, suspension, revocation or restriction of a license to practice medicine in the state of Mississippi.
	House 775	Removes the prohibition that no **dentist** may be certified in more than one specialty.
	House 778	Provides additional ground for disciplinary action against a **physician**.
	House 982	Provides that in any case in which disciplinary action is being considered by the State Board of Medical Licensure, the board may request, for the purpose of examination, patient records.
	House 1261	Makes an appropriation from special funds in the state treasury for the purpose of defraying the expenses of the State Board of Medical Licensure for the fiscal year 1988.
	Senate 2008	Exempts certain individuals holding limited institutional medical licenses on January 1, 1981 from the five-year license duration.
	Senate 2168	Authorizes an inactive licensure status for **registered nurses and licensed practical nurses**; authorizes the Mississippi Board of Nursing to establish the minimum number of hours of active practice required for license renewal or reinstatement.

STATE	LAW NUMBER	SUMMARY
Mississippi (Cont'd.)	Senate 2464	Makes it unlawful for any person other than an **optometrist** or **ophthalmologist** to sell, dispense or prescribe contact lenses; prescribes the criminal penalty for violation.
	Senate 2644	Authorizes the State Board of Medical Licensure to prescribe fees for **podiatrists** seeking licensure by examination and by reciprocity.
	Senate 2892	Makes an additional appropriation from special funds for the purpose of defraying the expenses of the Mississippi **Professional Counselor** Licensing Board for the fiscal year 1987.
Montana	House 51	Makes oral interviews of **dentistry** license applicants discretionary.
	House 165	Specifies that **pharmacists** are not liable for peer review.
	House 334	Makes provisions for generally revising licensing of **social workers** and **professional counselors**.
	House 353	Includes **dentists** in the doctor-patient privilege.
	House 364	Merges the Board of **Denturitry** and the Board of **Dentistry**.
	House 386	Clarifies the rulemaking authority of the Board of **Chiropractors**.
	House 443	Revises laws relating to practice and licensure of **psychology**.
	House 471	Provides for licensing and regulation of **dietitians** and **nutritionists**.
	House 505	Revises **acupuncturist** licensing requirements.
	House 541	"An act clarifying the terms of Board of Nursing members; clarifying educational requirements for nursing specialty areas; clarifying the Board's authority to define unprofessional conduct; clarifying the Board's procedures for denial, revocation, or suspension of a license."

STATE	LAW NUMBER	SUMMARY
Montana (Cont'd.)	Senate 2	Provides lien rights for **physical therapists, occupational therapists, chiropractors and dentists.**
	Senate 31	Allows direct patient access to **physical therapy.**
	Senate 170	Allows **optometrists** to treat eye disease with drugs. Establishes competency requirements.
	Senate 176	Includes **nurse specialist** services in the definition of medical assistance established for Medicaid. Requires health service corporations to provide coverage for services performed by a nurse specialist.
	Senate 305	Allows qualified **dentists** to perform physical exams on hospital admissions.
Nebraska	L 116	Eliminates a license requirement for **optometry**; provides educational standards for license renewals.
	L 473	Relates to **public health and welfare.** Changes provisions relating to the appointment and removal of board members. Redefines a term. Changes provisions relating to records. Provides for rules and regulations. Changes examination provisions. Changes disciplinary action provisions. Provides for and changes fees. Changes provisions relating to supervisors. Provides for standards for **pharmacists.** Prohibits certain acts by **animal technicians.** Makes related changes.
Nevada	Senate 77	Exempts certain **physicians** from the requirements of being licensed. Allows any member of the Board of Medical Examiners to administer oaths at meetings. Strengthens the requirements for licensure of **medical doctors.** Makes related provisions.
New Hampshire	House 118	Provides for sunset review of the Board of **Optometry.**
	House 119	Provides for sunset review of the **Pharmacy** Commission.
	House 121	Provides for sunset review of the Board of Registration of **Podiatrists.**

STATE	LAW NUMBER	SUMMARY
New Hampshire (Cont'd.)	House 147	Provides for sunset review of the Division of **Mental Health** by the Department of Health and Human Services.
New Mexico	House 98	Makes provisions relating to **acupuncture**. Sets examination requirements and provides for fees.
	House 249	Creates the Board of **Dental Hygiene** and regulates the practice of the profession.
	House 746	Transfers **respiratory care** and other programs to Regulation and Licensing Department.
	Senate 262	Makes provisions relating to professional **psychologists**. Doubles an appropriated application fee.
	Senate 446	Permits certain exceptions from licensure requirement of the **respiratory care** act.
	Senate 447	Amends the **respiratory care** act, omits definitions but defines the practice of respiratory care, etc.
	SJM 6	Makes provisions relating to **nursing** education. Directs the Board of Nursing and the Commission on Higher Education to study nursing education in New Mexico.
North Dakota	House 1176	Increases **hearing aid dealers and fitters** license to $100; decreases transient merchant's license to $100; creates a license fee of $10 to carry a concealed firearm or weapon; revises license fees for wholesalers and retailers of tobacco.
	House 1208	Relates to when a **nursing** license is issued, the qualifications for obtaining a nursing license by endorsement and the imposition of fines, costs, and disbursements for respondents in disciplinary proceedings before the Board of Nursing; and to provide a penalty.
	House 1563	Relates to disciplinary actions against licensed **physicians**.
	Senate 2171	Relates to physicians' prescriptions to be filed and preserved, requirements for a permit to operate a **pharmacy**, and the penalty for violation of law regulating pharmacies.

STATE	LAW NUMBER	SUMMARY
North Dakota (Cont'd.)	Senate 2277	Relates to licensing and certification of addiction **counselors**.
	Senate 2294	Relates to definitions and the authority of the Board of **Optometry**.
	Senate 2325	Relates to the composition of the Board of Examiners for **Nursing Home Administrators**; and the annual licensing fee for nursing home administrators.
	Senate 2334	Relates to qualifications of a foreign-trained applicant for a license to practice medicine.
	Senate 2459	Relates to licensing of **environmental health practitioners**.
Oklahoma	House 1396	Provides for additional fees to be charged for the Board of **Pharmacy** examination.
	House 1401	Defines terms and authorities of the Physical Therapy Committee pursuant to the Physical Therapy Practice Act; defines qualifications for **physical therapists**.
	Senate 39	Prohibits **physicians**, except those who practice in rural areas in which there are no pharmacies, from dispensing dangerous drugs. Allows physicians to furnish drug samples under certain conditions. Makes violations a misdemeanor. Declares an emergency.
Oregon	House 2311	Modifies the composition and duties of the advisory council on **nurse practitioners'** privileges of writing prescriptions; makes other provisions.
	Senate 158	Extends duration of limited permit. Removes exemption for local or state governmental agencies.
South Carolina	House 2080	Relates to general provisions concerning **physicians, surgeons,** and **osteopaths**; to provide for a waiver from requirements regarding FLEX examination scores and the number of times for sitting for the FLEX examination for anyone who has received an American Specialty Board certification in his specialty area with respect to obtaining regular, permanent licensure, and makes related provisions.

STATE	LAW NUMBER	SUMMARY
South Carolina (Cont'd.)	House 2425	Changes the reference to degrees in allied health sciences and related health fields, to degrees in **health related professions** and graduate studies in related health fields.
South Dakota	House 1059	Revises certain **mental health** statutes pertaining to the South Dakota human services center.
	House 1156	Provides for limited **medical certificates.**
	House 1192	Changes the classifications and educational requirements for **emergency medical technicians.**
	House 1214	Authorizes certain **healing arts** practitioners to participate in alternative health care delivery systems.
	House 1299	Provides for continuing education for **podiatrists.**
	House 1343	Revises certain **mental health** definitions.
	Senate 32	Authorizes the Board of **Vocational Rehabilitation** to establish a review panel to determine levels of interpreter qualification.
	Senate 103	Modifies the procedures for contested cases regarding the issuance and renewal of licenses to practice **medicine** or **osteopathic** medicine.
Tennessee	House 615	Revises certain fees and penalties relative to licenses of **nursing home administrators.**
	House 636	Enacts "**Mental Health-Mental Retardation** License Law Reform Act."
	Senate 113	Expands treatment by **optometrists.**
	Senate 134	Makes certain housekeeping amendments to the **Respiratory Care** Practitioner Act; authorizes issuance of certain temporary permits.
Texas	Senate 263	Makes provisions relating to regulation of **home health services.**
Utah	House 12	Modifies and clarifies licensing requirements for the practice of **social work.**
	House 13	Clarifies and modifies the licensing requirements for **marriage and family therapists.**

STATE	LAW NUMBER	SUMMARY
Utah (Cont'd.)	House 141	Provides that **dental hygienists** may administer anesthesia under certain circumstances.
	Senate 170	Makes provisions relating to **occupational and professional licensing.** Provides additional disciplinary sanctions which can be imposed upon medical licensees. Makes technical corrections.
Virginia	House 319	Relates to Department and Commissioner of Mental Health and Mental Retardation and State Mental Health and Retardation Board. Changes names to Department and Commissioner of **Mental Health, Mental Retardation** and **Substance Abuse** Services and State Mental Health, Mental Retardation and Substance Abuse Services Board.
	House 899	Restricts **psychologists** qualified as mental health experts in criminal cases to licensed clinical psychologists after 1989.
	House 1139	Transfers the regulatory authority for **audiologists** and **speech pathologists** and **nursing home administrators** from the Department of Commerce to the Department of Health Regulatory Boards.
	House 1317	Relates to practice of **clinical psychology**; defines the term "practice of clinical psychology" for purposes of regulating the profession.
	House 1472	Relates to records on **dispensing medicine.**
	House 1503	Relates to recording of certificates and licenses to practice **medicine** and **optometry.**
	Senate 374	Eliminates **clinical psychologists** from the temporary licensure requirements.
	Senate 452	Authorizes temporary detention and treatment orders for up to 12 hours on the advice of a physician for **emergency room patients** who are incapable of giving informed consent.
	Senate 496	Defines the term "practice of **clinical psychology**" for purposes of regulating the profession.

STATE	LAW NUMBER	SUMMARY
Washington	House 563	Makes provisions relating to professional licensing of: **hearing aid dispensers**; **nursing home administrators**; **psychologists**; **dentists and dental hygienists**; **embalmers** and **funeral directors**; optical professions; and others.
	House 699	Relates to limited licenses for **physicians**.
	House 942	Relates to the State Board of **Medical Examiners**.
	Senate 5105	Makes provisions relating to poisons. Specifies definitions; registration requirements; **pharmacist** duties.
	Senate 5412	Makes provisions relating to privileged communications for **osteopathic registered nurses**.
West Virginia	House 2667	Relates to **hearing aid dealers and fitters**; prohibits state or local governmental organizations or agencies from licensure eligibility; changes the annual meeting of the Board of Hearing Aid Dealers.
	House 2778	Relates to the State Board of **Osteopathy**, its members, applicants for examination, training of interns, license fees, temporary permits, fees for osteopathic medical corporations, biennial renewal of **osteopathic assistant** certification and fee.
	Senate 166	Relates to licenses to practice **medicine** and **surgery** or **podiatry**, educational training permits, and temporary licenses and permits.
Wyoming	House 158	Requires a review committee in each hospital to review professional practices as a condition of licensure and specifies the types of organizations eligible to be peer review organizations.
	House 340	Regulates the private practice of **professional counselors**, **marriage and family therapists**, **social workers**, and **chemical dependency specialists** in Wyoming; creates a licensure board; prescribes duties and powers of the board; makes related provisions.
	Senate 101	Authorizes **optometrists** to treat ocular pathology and to administer and prescribe pharmaceutical agents.

STATE	LAW NUMBER	SUMMARY
Wyoming (Cont'd.)	Senate 105	Revises the Medical Practice Act; provides for licensing and regulatory system for physicians and physician assistants; provides for a board of medical examiners and specifies its powers and duties; grants rulemaking authority; provides definitions; specifies applicability; exempts certain persons from civil liability; provides penalties; establishes a quorum requirement and removes a prohibition against locum tenens agreements; imposes an age requirement; removes citizenship requirements; makes other changes.

APPENDIX II

ORGANIZATIONS AS ADDITIONAL RESOURCES

ORGANIZATIONS AS ADDITIONAL RESOURCES

NATIONAL ORGANIZATIONS WITH HEALTH PERSONNEL INFORMATION

General or Cross-Professional Information

American Hospital Association
840 North Lakeshore Drive
Chicago, IL 60611
Contact: Barbara Bloom Kreml
Director, Human Resources
(312) 274-2467

American Medical Association
535 North Dearborn
Chicago, IL 60610
Contact: Department of State Legislation
(312) 751-6000

American Society of Allied Health Professions
1101 Connecticut Avenue, N.W., Suite 700
Washington, DC 20036
(202) 857-1150

Intergovernmental Health Policy Project
The George Washington University
2100 Pennsylvania Avenue, N.W., Suite 616
Washington, DC 29937
Contact: Richard Merritt
Director
(202) 872-1445

National Clearinghouse on Licensure, Enforcement and Regulation
The Council of State Governments
Iron Works Pike, P.O. Box 11910
Lexington, KY 40578
Contact: Frances S. Berry
Director
(606) 252-2291

National Commission for Health Certifying Agencies
1101 Connecticut Avenue, N.W., Suite 700
Washington, DC 20036
Contact: Barbara Hickey
Assistant Director
(202) 857-1165

National Professional Associations/Board Associations for Health Professions and Occupations Covered in this Report

The American Dietetic Association
430 North Michigan Avenue
Chicago, IL 60611
Contact: Michele Mathieu
Manager, Licensure Communications
Division of Policy Administration
(312) 280-5020

International Society for Clinical Laboratory Technologists
818 Olive Street, Suite 918
St. Louis, MO 63101
Contact: Mark Birenbaum, Ph.D.
(314) 241-1445

American Medical Technologists
710 Higgins Road
Park Ridge, IL 60068
Contact: Eleanore M. Bors
Associate Executive Director
(312) 823-5169

American Society of Medical Technologists
3 Metro Center
Bethesda, MD 20814
Contact: Sydney Oliver
Director of Governmental and Professional Affairs
(301) 961-1932

Opticians Association of America
10341 Democracy Lane
P.O. Box 10110
Fairfax, VA 22030
Contact: Nancy Roylance
(703) 691-8356

American Optometric Association
243 N. Lindbergh Boulevard
St. Louis, MO 63141
Contact: Sally A. Bowers, J.D.
Assistant Counsel
(314) 991-4100

American Society of Clinical Pathologists
1101 Vermont Avenue, N.W., Suite 604
Washington, DC 20005
Contact: Robbi-Lynn Watnik
(202) 371-0515

National Association of Boards of Pharmacy
1300 Higgins Road
Park Ridge, IL 60068
Contact: Fred Mahaffey
Carmen Catizone
(312) 698-6227

American Pharmaceutical Association
2215 Constitution Avenue, N.W.
Washington, DC 20037
Contact: Dr. Joan Z. Saah
Senior Vice President
(202) 628-4410

American Speech-Hearing-Language Association
10801 Rockville Pike
Rockville, MD 20852
Contact: Constance E. Lynch, Assistant Director
State and Regulatory Policy
(301) 897-5700

American Veterinary Medical Association
930 North Meacham
Shaumburg, IL 60196
Contact: Edward R. Ames, D.V.M.
Director of Scientific Activities
(312) 885-8070